



LIFE AND ACCIDENT AND HEALTH COMPANIES — ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2009
OF THE CONDITION AND AFFAIRS OF THE
HumanaDental Insurance Company

| | | | | | | | | | |
|---------------------------------------|---------------------------------|------------------|---|------|--|-------------------|-------|----------------------|--------------------------------|
| NAIC Group Code | 0119 | (Current Period) | , | 0119 | (Prior Period) | NAIC Company Code | 70580 | Employer's ID Number | 39-0714280 |
| Organized under the Laws of | Wisconsin | | | | State of Domicile or Port of Entry | | | | Wisconsin |
| Country of Domicile | United States | | | | | | | | |
| Incorporated/Organized | 01/01/1908 | | | | Commenced Business | | | | 10/12/1908 |
| Statutory Home Office | 1100 Employers Boulevard | | | | DePere, WI 54115 | | | | |
| | (Street and Number) | | | | (City or Town, State and Zip Code) | | | | |
| Main Administrative Office | 1100 Employers Boulevard | | | | DePere, WI 54115 | | | | 920-336-1100 |
| | (Street and Number) | | | | (City or Town, State and Zip Code) | | | | (Area Code) (Telephone Number) |
| Mail Address | PO Box 740036 | | | | Louisville, KY 40201-7436 | | | | |
| | (Street and Number or P.O. Box) | | | | (City or Town, State and Zip Code) | | | | |
| Primary Location of Books and Records | 1100 Employers Boulevard | | | | DePere, WI 54115 | | | | 920-336-1100 |
| | (Street and Number) | | | | (City or Town, State and Zip Code) | | | | (Area Code) (Telephone Number) |
| Internet Web Site Address | www.humana.com | | | | | | | | |
| Statutory Statement Contact | Cathy Staebler | | | | 502-580-2712 | | | | |
| | (Name) | | | | (Area Code) (Telephone Number) (Extension) | | | | |
| | cstaebler@humana.com | | | | 502-580-2099 | | | | |
| | (E-Mail Address) | | | | (FAX Number) | | | | |

OFFICERS

| Name | Title | Name | Title |
|------------------------|-------------------------|----------------------|----------------------------|
| Gerald Lawrence Ganoni | President | Joan Olliges Lenahan | VP and Corporate Secretary |
| James Harry Bloem | Sr. VP, CFO & Treasurer | Frank Murray Amrine | Appointed Actuary |

OTHER OFFICERS

| | | | |
|--------------------------|--------------------------|--------------------------------|----------------------------------|
| George Grant Bauernfeind | Vice President | Elizabeth Diane Bierbower # | COO - Specialty Benefits |
| John Gregory Catron | Vice President | John Edward Lumpkins | Vice President |
| Mark Matthew Matzke | VP - Dental Segment Lead | Kathleen Stephenson Pellegrino | Vice President & Asst. Secretary |
| Gilbert Alan Stewart | Vice President | William Joseph Tait | Vice President |
| Gary Dean Thompson | Vice President | Melissa Louise Weaver M.D. # | Vice President |

DIRECTORS OR TRUSTEES

| | | | |
|-------------------|------------------------------|--------------------|------------------------------|
| James Harry Bloem | Michael Benedict McCallister | James Elmer Murray | Melissa Louise Weaver M.D. # |
|-------------------|------------------------------|--------------------|------------------------------|

State of Kentucky
County of Jefferson

ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| | | |
|---|--|--|
| Gerald Lawrence Ganoni President | Joan Olliges Lenahan VP and Corporate Secretary | James Harry Bloem Sr. VP, CFO & Treasurer |
| a. Is this an original filing? Yes [X] No [] | | |
| b. If no:, 1. State the amendment number 2. Date filed 3. Number of pages attached | | |
| Myra Carpenter, Notary Public August 9, 2013 | | |



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 44,637 | | | | 44,637 |
| 2. Annuity considerations | 16,040 | | | | 16,040 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 60,677 | 0 | 0 | 0 | 60,677 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | 0 | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 80,284 | | | | 80,284 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 80,284 | 0 | 0 | 0 | 80,284 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 2,784 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,784 |
| 17. Incurred during current year | | 997 | | | | | | | 0 | 997 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 3,781 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,781 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 291 | 3,808,775 | 0 | 0 | 0 | 0 | 0 | 0 | 291 | 3,808,775 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 291 | 3,808,775 | 0 | 0 | 0 | 0 | 0 | 0 | 291 | 3,808,775 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 652,379 | 691,366 | | 438,036 | 442,427 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 203,212 | 198,042 | | 121,315 | 121,492 |
| 25.3 Non-renewable for stated reasons only (b) | 114 | 114 | | 862 | 862 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 203,326 | 198,156 | 0 | 122,177 | 122,354 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 855,705 | 889,522 | 0 | 560,213 | 564,781 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,989 and number of persons insured under Indemnity only products 309



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | 2,490 | | | | 2,490 |
| 2. Annuity considerations | 0 | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 2,490 | 0 | 0 | 0 | 2,490 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 255 | | | | 255 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 255 | 0 | 0 | 0 | 255 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 255 | 0 | 0 | 0 | 255 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 0 | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|---------|---|--------|--------------------|--------|------------|--------|-------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | | 203 | | | | | | | 0 | 203 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 203 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 203 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 25 | 281,075 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 25 | 281,075 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 25 | 281,075 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 25 | 281,075 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group policies (b) | 1,079,253 | 1,143,750 | | 724,658 | 731,921 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,079,253 | 1,143,750 | 0 | 724,658 | 731,921 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 935 and number of persons insured under Indemnity only products 673



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | | | | | .0 |
| 2. Annuity considerations | | | | | .0 |
| 3. Deposit-type contract funds | | XXX | | XXX | .0 |
| 4. Other considerations | | | | | .0 |
| 5. Totals (Sum of Lines 1 to 4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | .0 |
| 6.2 Applied to pay renewal premiums | | | | | .0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | .0 |
| 6.4 Other | | | | | .0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | .0 | 0 | .0 | 0 | .0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | .0 |
| 7.2 Applied to provide paid-up annuities | | | | | .0 |
| 7.3 Other | | | | | .0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | .0 | 0 | .0 | 0 | .0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | .0 |
| 10. Matured endowments | | | | | .0 |
| 11. Annuity benefits | | | | | .0 |
| 12. Surrender values and withdrawals for life contracts | | | | | .0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | .0 | 0 | .0 | 0 | .0 |
| 14. All other benefits, except accident and health | | | | | .0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | .0 | 0 | .0 | 0 | .0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------|---|--------|--------------------|--------------------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 17. Incurred during current year | | | | | | | | | .0 | .0 |
| Settled during current year: | | | | | | | | | .0 | .0 |
| 18.1 By payment in full | | | | | | | | | .0 | .0 |
| 18.2 By payment on compromised claims | | | | | | | | | .0 | .0 |
| 18.3 Totals paid | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 18.4 Reduction by compromise | | | | | | | | | .0 | .0 |
| 18.5 Amount rejected | | | | | | | | | .0 | .0 |
| 18.6 Total settlements | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | .0 | .0 | .0 | (a).0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 21. Issued during year | | | | | | | | | .0 | .0 |
| 22. Other changes to in force (Net) | | | | | | | | | .0 | .0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | (a)0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | | | | | |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | .0 | 0 | .0 | 0 | .0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | 34,392 | | | | 34,392 |
| 2. Annuity considerations | 18,357 | | | | 18,357 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 52,749 | 0 | 0 | 0 | 52,749 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 231 | | | | 231 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 273 | | | | 273 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 504 | 0 | 0 | 0 | 504 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 504 | 0 | 0 | 0 | 504 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 30,000 | | | | 30,000 |
| 10. Matured endowments | 1,000 | | | | 1,000 |
| 11. Annuity benefits | 0 | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 72,615 | | | | 72,615 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 103,615 | 0 | 0 | 0 | 103,615 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 1,930 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,930 |
| 17. Incurred during current year | 2 | 31,492 | | | | | | | 2 | 31,492 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 2 | 31,000 | | | | | | | 2 | 31,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 2 | 31,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 31,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 2 | 31,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 31,000 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 2,422 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,422 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 174 | 2,061,554 | 0 | 0 | 0 | 0 | 0 | 0 | 174 | 2,061,554 |
| 21. Issued during year | | 23,872 | | | | | | | 0 | 23,872 |
| 22. Other changes to in force (Net) | (11) | (345,631) | | | | | | | (11) | (345,631) |
| 23. In force December 31 of current year | 163 | 1,739,795 | 0 | 0 | 0 | 0 | 0 | 0 | 163 | 1,739,795 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group policies (b) | 8,553,087 | 9,064,231 | | 5,742,918 | 5,800,483 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 532,279 | 518,737 | | 317,764 | 318,227 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 532,279 | 518,737 | 0 | 317,764 | 318,227 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 9,085,366 | 9,582,968 | 0 | 6,060,682 | 6,118,710 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 31,139 and number of persons insured under Indemnity only products 21



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 26,879 | | | | 26,879 |
| 2. Annuity considerations | 20,021 | | | | 20,021 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 46,899 | 0 | 0 | 0 | 46,899 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 0 | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 3,550 | | | | 3,550 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 3,550 | 0 | 0 | 0 | 3,550 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 2,112 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,112 |
| 17. Incurred during current year | | 1,024 | | | | | | | 0 | 1,024 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 3,136 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,136 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 86 | 3,433,822 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 86 | 3,433,822 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 86 | 3,433,822 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 86 | 3,433,822 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 258,313 | 273,750 | | 173,443 | 175,181 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 100,004 | 97,460 | | 59,701 | 59,788 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 100,004 | 97,460 | 0 | 59,701 | 59,788 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 358,317 | 371,210 | 0 | 233,144 | 234,969 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products625 and number of persons insured under
Indemnity only products525



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 255,994 | | | | 255,994 |
| 2. Annuity considerations | 86,937 | | | | 86,937 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 342,932 | 0 | 0 | 0 | 342,932 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 253 | | | | 253 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 1,367 | | | | 1,367 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 1,620 | 0 | 0 | 0 | 1,620 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 1,620 | 0 | 0 | 0 | 1,620 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 180,026 | | | | 180,026 |
| 10. Matured endowments | 2,550 | | | | 2,550 |
| 11. Annuity benefits | 26,123 | | | | 26,123 |
| 12. Surrender values and withdrawals for life contracts | 361,422 | | | | 361,422 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 58 | 0 | 0 | 0 | 58 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 570,178 | 0 | 0 | 0 | 570,178 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 58 | | | | 58 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 58 | 0 | 0 | 0 | 58 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------------------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 13,564 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13,564 |
| 17. Incurred during current year | 11 | 188,503 | | | | | | | 11 | 188,503 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 12 | 182,576 | | | | | | | 12 | 182,576 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 12 | 182,576 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 182,576 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 12 | 182,576 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 182,576 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | (1) | 19,492 | 0 | 0 | 0 | 0 | 0 | 0 | (1) | 19,492 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 991 | 27,246,545 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 991 | 27,246,545 |
| 21. Issued during year | 2 | 140,596 | | | | | | | 2 | 140,596 |
| 22. Other changes to in force (Net) | (66) | (2,035,603) | | | | | | | (66) | (2,035,603) |
| 23. In force December 31 of current year | 927 | 25,351,538 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 927 | 25,351,538 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 35,638,822 | 37,768,645 | | 23,929,469 | 24,169,328 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 15,011 | 14,629 | | 8,961 | 8,974 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 15,011 | 14,629 | 0 | 8,961 | 8,974 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 35,653,833 | 37,783,274 | 0 | 23,938,430 | 24,178,302 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 86,862 and number of persons insured under Indemnity only products 81



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | 289 | | | | 289 |
| 2. Annuity considerations | 255 | | | | 255 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 544 | 0 | 0 | 0 | 544 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 0 | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------|---|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 |
| 17. Incurred during current year | | 6 | | | | | | | 0 | 6 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 2 | 5,536 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 2 | 5,536 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 2 | 5,536 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 2 | 5,536 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group policies (b) | | | | | |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | | | | | |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 25,985 | | | | 25,985 |
| 2. Annuity considerations | 16,519 | | | | 16,519 |
| 3. Deposit-type contract funds | | XXX | | XXX | .0 |
| 4. Other considerations | | | | | .0 |
| 5. Totals (Sum of Lines 1 to 4) | 42,505 | 0 | 0 | 0 | 42,505 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | .0 |
| 6.2 Applied to pay renewal premiums | | | | | .0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | .619 | | | | .619 |
| 6.4 Other | | | | | .0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | .619 | .0 | .0 | .0 | .619 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | .0 |
| 7.2 Applied to provide paid-up annuities | | | | | .0 |
| 7.3 Other | | | | | .0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | .0 | .0 | .0 | .0 | .0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 619 | 0 | 0 | 0 | 619 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 34,230 | | | | 34,230 |
| 10. Matured endowments | 6,000 | | | | 6,000 |
| 11. Annuity benefits | .0 | | | | .0 |
| 12. Surrender values and withdrawals for life contracts | 50,716 | | | | 50,716 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 1,240 | .0 | .0 | .0 | 1,240 |
| 14. All other benefits, except accident and health | | | | | .0 |
| 15. Totals | 92,187 | 0 | 0 | 0 | 92,187 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 1,240 | | | | 1,240 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | .0 | .0 | .0 | .0 | .0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 1,240 | 0 | 0 | 0 | 1,240 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | .0 | 1,414 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | 1,414 |
| 17. Incurred during current year | 5 | 40,854 | | | | | | | 5 | 40,854 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 5 | 40,230 | | | | | | | 5 | 40,230 |
| 18.2 By payment on compromised claims | | | | | | | | | .0 | .0 |
| 18.3 Totals paid | 5 | 40,230 | .0 | .0 | .0 | .0 | .0 | .0 | 5 | 40,230 |
| 18.4 Reduction by compromise | | | | | | | | | .0 | .0 |
| 18.5 Amount rejected | | | | | | | | | .0 | .0 |
| 18.6 Total settlements | 5 | 40,230 | .0 | .0 | .0 | .0 | .0 | .0 | 5 | 40,230 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 2,037 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,037 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 169 | 1,485,726 | .0 | (a).0 | .0 | .0 | .0 | .0 | 169 | 1,485,726 |
| 21. Issued during year | | 30,980 | | | | | | | .0 | 30,980 |
| 22. Other changes to in force (Net) | (15) | (448,541) | | | | | | | (15) | (448,541) |
| 23. In force December 31 of current year | 154 | 1,068,165 | 0 | (a)0 | 0 | 0 | 0 | 0 | 154 | 1,068,165 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 12,313,306 | 13,049,165 | | 8,267,694 | 8,350,566 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 1,090,387 | 1,062,646 | | 650,948 | 651,897 |
| 25.3 Non-renewable for stated reasons only (b) | 170 | 170 | | 1,291 | 1,291 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 1,090,557 | 1,062,816 | .0 | 652,239 | 653,188 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 13,403,863 | 14,111,981 | 0 | 8,919,933 | 9,003,754 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 31,084 and number of persons insured under Indemnity only products 378



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | 10,780 | | | | 10,780 |
| 2. Annuity considerations | 5,505 | | | | 5,505 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 16,285 | 0 | 0 | 0 | 16,285 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 637 | | | | 637 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 637 | 0 | 0 | 0 | 637 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 637 | 0 | 0 | 0 | 637 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | 2,807 | | | | 2,807 |
| 12. Surrender values and withdrawals for life contracts | 1,722 | | | | 1,722 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 4,530 | 0 | 0 | 0 | 4,530 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 700 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 700 |
| 17. Incurred during current year | | 359 | | | | | | | 0 | 359 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 1,059 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,059 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 51 | 3,767,347 | 0 | 0 | 0 | 0 | 0 | 0 | 51 | 3,767,347 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 51 | 3,767,347 | 0 | 0 | 0 | 0 | 0 | 0 | 51 | 3,767,347 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 334 | 326 | | 199 | 200 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 334 | 326 | 0 | 199 | 200 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 334 | 326 | 0 | 199 | 200 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 14,128 | | | | 14,128 |
| 2. Annuity considerations | 6,383 | | | | 6,383 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 20,511 | 0 | 0 | 0 | 20,511 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | 156 | | | | 156 |
| 12. Surrender values and withdrawals for life contracts | 9,092 | | | | 9,092 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 4 | 0 | 0 | 0 | 4 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 9,252 | 0 | 0 | 0 | 9,252 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 4 | | | | 4 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 4 | 0 | 0 | 0 | 4 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 825 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 825 |
| 17. Incurred during current year | | 392 | | | | | | | 0 | 392 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 1,216 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,216 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 63 | 1,783,260 | 0 | (a)0 | 0 | 0 | 0 | 0 | 63 | 1,783,260 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 63 | 1,783,260 | 0 | (a)0 | 0 | 0 | 0 | 0 | 63 | 1,783,260 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 3,156 | 3,345 | | 2,119 | 2,140 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | | | | | |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,156 | 3,345 | 0 | 2,119 | 2,140 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under
Indemnity only products _____5



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 78,008 | | | | 78,008 |
| 2. Annuity considerations | 12,140 | | | | 12,140 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 90,148 | 0 | 0 | 0 | 90,148 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 114,906 | | | | 114,906 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 114,906 | 0 | 0 | 0 | 114,906 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|------------|---|--------|--------------------|--------------------|------------|--------|-------|------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 5,377 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,377 |
| 17. Incurred during current year | (1) | 2,185 | | | | | | | (1) | 2,185 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | (1) | 7,562 | 0 | 0 | 0 | 0 | 0 | 0 | (1) | 7,562 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 245 | 11,303,204 | 0 | (a)0 | 0 | 0 | 0 | 0 | 245 | 11,303,204 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 245 | 11,303,204 | 0 | (a)0 | 0 | 0 | 0 | 0 | 245 | 11,303,204 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 995,416 | 1,054,904 | | 668,366 | 675,066 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 1,631 | 1,589 | | 973 | 975 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 1,631 | 1,589 | 0 | 973 | 975 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 997,047 | 1,056,493 | 0 | 669,339 | 676,041 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,934 and number of persons insured under Indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|-----------|---------------------------------------|-------|------------|-----------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 423,822 | | | | 423,822 |
| 2. Annuity considerations | 90,373 | | | | 90,373 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 514,195 | 0 | 0 | 0 | 514,195 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 382 | | | | 382 |
| 6.2 Applied to pay renewal premiums | 364 | | | | 364 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 2,394 | | | | 2,394 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 3,140 | 0 | 0 | 0 | 3,140 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 3,140 | 0 | 0 | 0 | 3,140 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 589,118 | | | | 589,118 |
| 10. Matured endowments | 11,000 | | | | 11,000 |
| 11. Annuity benefits | 27,686 | | | | 27,686 |
| 12. Surrender values and withdrawals for life contracts | 731,725 | | | | 731,725 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 279 | 0 | 0 | 0 | 279 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 1,359,809 | 0 | 0 | 0 | 1,359,809 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 279 | | | | 279 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 279 | 0 | 0 | 0 | 279 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------------------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 2 | 57,674 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 57,674 |
| 17. Incurred during current year | 38 | 581,263 | | | | | | | 38 | 581,263 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 39 | 600,118 | | | | | | | 39 | 600,118 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 39 | 600,118 | 0 | 0 | 0 | 0 | 0 | 0 | 39 | 600,118 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 39 | 600,118 | 0 | 0 | 0 | 0 | 0 | 0 | 39 | 600,118 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 1 | 38,818 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 38,818 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 1,126 | 45,428,833 | 0 | 0 | 0 | 0 | 0 | 0 | 1,126 | 45,428,833 |
| 21. Issued during year | 6 | 462,132 | | | | | | | 6 | 462,132 |
| 22. Other changes to in force (Net) | (218) | (6,690,945) | | | | | | | (218) | (6,690,945) |
| 23. In force December 31 of current year | 914 | 39,200,020 | 0 | 0 | 0 | 0 | 0 | 0 | 914 | 39,200,020 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 17,778,833 | 18,841,320 | | 11,937,489 | 12,057,145 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 3,520,371 | 3,430,808 | | 2,101,617 | 2,104,682 |
| 25.3 Non-renewable for stated reasons only (b) | 19,104 | 19,104 | | 144,913 | 144,913 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 3,539,475 | 3,449,912 | 0 | 2,246,530 | 2,249,595 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 21,318,308 | 22,291,232 | 0 | 14,184,019 | 14,306,740 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 82,467 and number of persons insured under Indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | 127,348 | | | | 127,348 |
| 2. Annuity considerations | 39,679 | | | | 39,679 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 167,027 | 0 | 0 | 0 | 167,027 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 0 | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 781 | | | | 781 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 781 | 0 | 0 | 0 | 781 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 781 | 0 | 0 | 0 | 781 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 165,164 | | | | 165,164 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | 0 | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 172,311 | | | | 172,311 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 337,474 | 0 | 0 | 0 | 337,474 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 0 | | | | 0 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 2 | 48,420 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 48,420 |
| 17. Incurred during current year | 8 | 129,611 | | | | | | | 8 | 129,611 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 9 | 165,164 | | | | | | | 9 | 165,164 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 9 | 165,164 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 165,164 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 9 | 165,164 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 165,164 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 1 | 12,867 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 12,867 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 407 | 13,424,619 | 0 | 0 | 0 | 0 | 0 | 0 | 407 | 13,424,619 |
| 21. Issued during year | 2 | 127,187 | | | | | | | 2 | 127,187 |
| 22. Other changes to in force (Net) | (60) | (1,841,473) | | | | | | | (60) | (1,841,473) |
| 23. In force December 31 of current year | 349 | 11,710,333 | 0 | 0 | 0 | 0 | 0 | 0 | 349 | 11,710,333 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group policies (b) | 13,606,189 | 14,419,313 | | 9,135,793 | 9,227,366 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 1,012,934 | 987,163 | | 604,709 | 605,591 |
| 25.3Non-renewable for stated reasons only (b) | 4,530 | 4,530 | | 34,358 | 34,358 |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 1,017,464 | 991,693 | 0 | 639,067 | 639,949 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 14,623,653 | 15,411,006 | 0 | 9,774,860 | 9,867,315 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 41,876 and number of persons insured under Indemnity only products 1,735



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | | | | | .0 |
| 2. Annuity considerations | | | | | .0 |
| 3. Deposit-type contract funds | | XXX | | XXX | .0 |
| 4. Other considerations | | | | | .0 |
| 5. Totals (Sum of Lines 1 to 4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | .0 |
| 6.2 Applied to pay renewal premiums | | | | | .0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | .0 |
| 6.4 Other | | | | | .0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | .0 | 0 | .0 | 0 | .0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | .0 |
| 7.2 Applied to provide paid-up annuities | | | | | .0 |
| 7.3 Other | | | | | .0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | .0 | 0 | .0 | 0 | .0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | .0 |
| 10. Matured endowments | | | | | .0 |
| 11. Annuity benefits | | | | | .0 |
| 12. Surrender values and withdrawals for life contracts | | | | | .0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | .0 | 0 | .0 | 0 | .0 |
| 14. All other benefits, except accident and health | | | | | .0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | .0 | 0 | .0 | 0 | .0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------|---|--------|--------------------|--------------------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 17. Incurred during current year | | | | | | | | | .0 | .0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | .0 | .0 |
| 18.2 By payment on compromised claims | | | | | | | | | .0 | .0 |
| 18.3 Totals paid | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 18.4 Reduction by compromise | | | | | | | | | .0 | .0 |
| 18.5 Amount rejected | | | | | | | | | .0 | .0 |
| 18.6 Total settlements | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | .1 | 3,000 | .0 | (a).0 | .0 | .0 | .0 | .0 | .1 | 3,000 |
| 21. Issued during year | | | | | | | | | .0 | .0 |
| 22. Other changes to in force (Net) | | | | | | | | | .0 | .0 |
| 23. In force December 31 of current year | 1 | 3,000 | 0 | (a)0 | 0 | 0 | 0 | 0 | 1 | 3,000 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | | | | | |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | .0 | 0 | .0 | 0 | .0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2009

NAIC Group Code 0119

NAIC Company Code 70580

LIFE INSURANCE

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|-----------|---------------------------------------|-------|------------|-----------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 2,981 | | | | 2,981 |
| 2. Annuity considerations | 18,539 | | | | 18,539 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 21,520 | 0 | 0 | 0 | 21,520 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 1,000 | | | | 1,000 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 1,448,380 | | | | 1,448,380 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 1,449,380 | 0 | 0 | 0 | 1,449,380 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|----------|---|--------|--------------------|--------------------|------------|--------|-------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 128 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 128 |
| 17. Incurred during current year | 0 | 1,048 | | | | | | | 0 | 1,048 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | 0 | 1,000 | | | | | | | 0 | 1,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 176 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 176 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 13 | 78,093 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 78,093 |
| 21. Issued during year | | 770 | | | | | | | 0 | 770 |
| 22. Other changes to in force (Net) | | (11,149) | | | | | | | 0 | (11,149) |
| 23. In force December 31 of current year | 13 | 67,714 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 67,714 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 2,425 | | | | 2,425 |
| 2. Annuity considerations | 1,129 | | | | 1,129 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 3,554 | 0 | 0 | 0 | 3,554 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 5,692 | | | | 5,692 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 3,897 | | | | 3,897 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 9,589 | 0 | 0 | 0 | 9,589 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|----------|---|--------|--------------------|--------------------|------------|--------|-------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 84 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 84 |
| 17. Incurred during current year | 0 | 5,707 | | | | | | | 0 | 5,707 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 5,692 | | | | | | | 0 | 5,692 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 5,692 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,692 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 5,692 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,692 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 22 | 116,182 | 0 | (a)0 | 0 | 0 | 0 | 0 | 22 | 116,182 |
| 21. Issued during year | | 4,383 | | | | | | | 0 | 4,383 |
| 22. Other changes to in force (Net) | | (63,462) | | | | | | | 0 | (63,462) |
| 23. In force December 31 of current year | 22 | 57,103 | 0 | (a)0 | 0 | 0 | 0 | 0 | 22 | 57,103 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 500,018 | 529,899 | | 335,734 | 339,099 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 255 | 249 | | 152 | 153 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 255 | 249 | 0 | 152 | 153 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 500,273 | 530,148 | 0 | 335,886 | 339,252 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,469 and number of persons insured under Indemnity only products 114



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 252,249 | | | | 252,249 |
| 2. Annuity considerations | 176,204 | | | | 176,204 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 428,453 | 0 | 0 | 0 | 428,453 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 750 | | | | 750 |
| 6.2 Applied to pay renewal premiums | 1,790 | | | | 1,790 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 8,300 | | | | 8,300 |
| 6.4 Other | 343 | | | | 343 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 11,183 | 0 | 0 | 0 | 11,183 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | 616 | | | | 616 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 616 | 0 | 0 | 0 | 616 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 11,800 | 0 | 0 | 0 | 11,800 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 267,392 | | | | 267,392 |
| 10. Matured endowments | 32,611 | | | | 32,611 |
| 11. Annuity benefits | 3,060 | | | | 3,060 |
| 12. Surrender values and withdrawals for life contracts | 579,377 | | | | 579,377 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 204 | 0 | 0 | 0 | 204 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 882,644 | 0 | 0 | 0 | 882,644 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 204 | | | | 204 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 204 | 0 | 0 | 0 | 204 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 2 | 55,232 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 55,232 |
| 17. Incurred during current year | 34 | 268,720 | | | | | | | 34 | 268,720 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | 32 | 300,003 | | | | | | | 32 | 300,003 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 32 | 300,003 | 0 | 0 | 0 | 0 | 0 | 0 | 32 | 300,003 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 32 | 300,003 | 0 | 0 | 0 | 0 | 0 | 0 | 32 | 300,003 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 4 | 23,950 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 23,950 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,739 | 35,688,109 | 0 | 0 | 0 | 0 | 0 | 0 | 1,739 | 35,688,109 |
| 21. Issued during year | 3 | 231,023 | | | | | | | 3 | 231,023 |
| 22. Other changes to in force (Net) | (109) | (3,344,842) | | | | | | | (109) | (3,344,842) |
| 23. In force December 31 of current year | 1,633 | 32,574,290 | 0 | 0 | 0 | 0 | 0 | 0 | 1,633 | 32,574,290 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 27,808,968 | 29,470,869 | | 18,672,161 | 18,859,323 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 1,682,901 | 1,640,086 | | 1,004,671 | 1,006,136 |
| 25.3 Non-renewable for stated reasons only (b) | 456 | 456 | | 3,461 | 3,461 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 1,683,357 | 1,640,542 | 0 | 1,008,132 | 1,009,597 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 29,492,325 | 31,111,411 | 0 | 19,680,293 | 19,868,920 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 77,886 and number of persons insured under
Indemnity only products 50



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OFIndiana

DURING THE YEAR2009

NAIC Group Code0119

LIFE INSURANCE

NAIC Company Code70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 248,125 | | | | 248,125 |
| 2. Annuity considerations | 33,205 | | | | 33,205 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 281,330 | 0 | 0 | 0 | 281,330 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 1,149 | | | | 1,149 |
| 6.2 Applied to pay renewal premiums | 842 | | | | 842 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 13,352 | | | | 13,352 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 15,344 | 0 | 0 | 0 | 15,344 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 15,344 | 0 | 0 | 0 | 15,344 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 204,323 | | | | 204,323 |
| 10. Matured endowments | 16,448 | | | | 16,448 |
| 11. Annuity benefits | 7,351 | | | | 7,351 |
| 12. Surrender values and withdrawals for life contracts | 249,480 | | | | 249,480 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 778 | 0 | 0 | 0 | 778 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 478,380 | 0 | 0 | 0 | 478,380 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 778 | | | | 778 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 778 | 0 | 0 | 0 | 778 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 19,874 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19,874 |
| 17. Incurred during current year | 19 | 228,654 | | | | | | | 19 | 228,654 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 20 | 220,771 | | | | | | | 20 | 220,771 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 20 | 220,771 | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 220,771 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 20 | 220,771 | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 220,771 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | (1) | 27,757 | 0 | 0 | 0 | 0 | 0 | 0 | (1) | 27,757 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,108 | 34,386,430 | 0 | 0 | 0 | 0 | 0 | 0 | 1,108 | 34,386,430 |
| 21. Issued during year | 2 | 170,009 | | | | | | | 2 | 170,009 |
| 22. Other changes to in force (Net) | (80) | (2,461,461) | | | | | | | (80) | (2,461,461) |
| 23. In force December 31 of current year | 1,030 | 32,094,978 | 0 | 0 | 0 | 0 | 0 | 0 | 1,030 | 32,094,978 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 8,426,938 | 8,930,543 | | 5,658,216 | 5,714,932 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 2,839 | 2,766 | | 1,695 | 1,697 |
| 25.3 Non-renewable for stated reasons only (b) | 1,086 | 1,086 | | 8,239 | 8,239 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 3,925 | 3,852 | 0 | 9,934 | 9,936 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 8,430,863 | 8,934,395 | 0 | 5,668,150 | 5,724,868 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 31,474 and number of persons insured under Indemnity only products 11



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 20,913 | | | | 20,913 |
| 2. Annuity considerations | 8,932 | | | | 8,932 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 29,845 | 0 | 0 | 0 | 29,845 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 1,833 | | | | 1,833 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 1,833 | 0 | 0 | 0 | 1,833 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 1,833 | 0 | 0 | 0 | 1,833 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | 9,255 | | | | 9,255 |
| 12. Surrender values and withdrawals for life contracts | 5,894 | | | | 5,894 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 117 | 0 | 0 | 0 | 117 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 15,265 | 0 | 0 | 0 | 15,265 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 117 | | | | 117 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 117 | 0 | 0 | 0 | 117 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 1,711 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,711 |
| 17. Incurred during current year | (1) | 697 | | | | | | | (1) | 697 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | (1) | 2,408 | 0 | 0 | 0 | 0 | 0 | 0 | (1) | 2,408 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 137 | 2,501,371 | 0 | (a)0 | 0 | 0 | 0 | 0 | 137 | 2,501,371 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 137 | 2,501,371 | 0 | (a)0 | 0 | 0 | 0 | 0 | 137 | 2,501,371 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 248,790 | 263,658 | | 167,048 | 168,723 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 28,562 | 27,835 | | 17,051 | 17,076 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 28,562 | 27,835 | 0 | 17,051 | 17,076 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 277,352 | 291,493 | 0 | 184,099 | 185,799 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 787 and number of persons insured under Indemnity only products 250



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | 4,521 | | | | 4,521 |
| 2. Annuity considerations | 1,161 | | | | 1,161 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 5,682 | 0 | 0 | 0 | 5,682 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 21,591 | | | | 21,591 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 4,836 | | | | 4,836 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 3 | 0 | 0 | 0 | 3 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 26,430 | 0 | 0 | 0 | 26,430 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 3 | | | | 3 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 3 | 0 | 0 | 0 | 3 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 161 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 161 |
| 17. Incurred during current year | 1 | 21,674 | | | | | | | 1 | 21,674 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1 | 21,591 | | | | | | | 1 | 21,591 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 21,591 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 21,591 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 21,591 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 21,591 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 244 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 244 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 39 | 352,512 | 0 | 0 | 0 | 0 | 0 | 0 | 39 | 352,512 |
| 21. Issued during year | | 16,627 | | | | | | | 0 | 16,627 |
| 22. Other changes to in force (Net) | (8) | (240,731) | | | | | | | (8) | (240,731) |
| 23. In force December 31 of current year | 31 | 128,408 | 0 | 0 | 0 | 0 | 0 | 0 | 31 | 128,408 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group policies (b) | 3,410,173 | 3,613,969 | | 2,289,739 | 2,312,691 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 453,299 | 441,767 | | 270,614 | 271,009 |
| 25.3Non-renewable for stated reasons only (b) | 658 | 658 | | 4,991 | 4,991 |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 453,957 | 442,425 | 0 | 275,605 | 276,000 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,864,130 | 4,056,394 | 0 | 2,565,344 | 2,588,691 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 13,188 and number of persons insured under Indemnity only products 2



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 54,058 | | | | 54,058 |
| 2. Annuity considerations | 21,754 | | | | 21,754 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 75,812 | 0 | 0 | 0 | 75,812 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 158 | | | | 158 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 158 | 0 | 0 | 0 | 158 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 158 | 0 | 0 | 0 | 158 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 82,536 | | | | 82,536 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | 12,645 | | | | 12,645 |
| 12. Surrender values and withdrawals for life contracts | 61,823 | | | | 61,823 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 157,004 | 0 | 0 | 0 | 157,004 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 1 | 17,681 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 17,681 |
| 17. Incurred during current year | 6 | 68,620 | | | | | | | 6 | 68,620 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 5 | 82,536 | | | | | | | 5 | 82,536 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 5 | 82,536 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 82,536 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 5 | 82,536 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 82,536 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 2 | 3,765 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 3,765 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 291 | 5,377,349 | 0 | (a)0 | 0 | 0 | 0 | 0 | 291 | 5,377,349 |
| 21. Issued during year | 1 | 63,558 | | | | | | | 1 | 63,558 |
| 22. Other changes to in force (Net) | (30) | (920,224) | | | | | | | (30) | (920,224) |
| 23. In force December 31 of current year | 262 | 4,520,683 | 0 | (a)0 | 0 | 0 | 0 | 0 | 262 | 4,520,683 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 12,680 | 12,358 | | 7,570 | 7,581 |
| 25.3Non-renewable for stated reasons only (b) | 1,171 | 1,171 | | 8,886 | 8,886 |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 13,851 | 13,529 | 0 | 16,456 | 16,467 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 13,851 | 13,529 | 0 | 16,456 | 16,467 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 29,010 | | | | 29,010 |
| 2. Annuity considerations | 4,379 | | | | 4,379 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 33,389 | 0 | 0 | 0 | 33,389 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 5,000 | | | | 5,000 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | 4,130 | | | | 4,130 |
| 12. Surrender values and withdrawals for life contracts | 14,409 | | | | 14,409 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 23,539 | 0 | 0 | 0 | 23,539 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 1,742 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,742 |
| 17. Incurred during current year | 0 | 5,766 | | | | | | | 0 | 5,766 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 5,000 | | | | | | | 0 | 5,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,000 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 2,508 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,508 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 109 | 2,894,464 | 0 | 0 | 0 | 0 | 0 | 0 | 109 | 2,894,464 |
| 21. Issued during year | | 3,850 | | | | | | | 0 | 3,850 |
| 22. Other changes to in force (Net) | (2) | (55,747) | | | | | | | (2) | (55,747) |
| 23. In force December 31 of current year | 107 | 2,842,567 | 0 | 0 | 0 | 0 | 0 | 0 | 107 | 2,842,567 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 7,686,560 | 8,145,918 | | 5,161,093 | 5,212,826 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 909,500 | 886,361 | | 542,960 | 543,752 |
| 25.3 Non-renewable for stated reasons only (b) | 319 | 319 | | 2,423 | 2,423 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 909,819 | 886,680 | 0 | 545,383 | 546,175 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 8,596,379 | 9,032,598 | 0 | 5,706,476 | 5,759,001 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 33,115 and number of persons insured under Indemnity only products 509



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 3,284 | | | | 3,284 |
| 2. Annuity considerations | 2,218 | | | | 2,218 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 5,502 | 0 | 0 | 0 | 5,502 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | 1,000 | | | | 1,000 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 7,150 | | | | 7,150 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 8,150 | 0 | 0 | 0 | 8,150 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|----------|---|--------|--------------------|--------------------|------------|--------|-------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 323 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 323 |
| 17. Incurred during current year | 1 | 1,227 | | | | | | | 1 | 1,227 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1 | 1,000 | | | | | | | 1 | 1,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,000 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 550 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 550 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 18 | 359,794 | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 359,794 |
| 21. Issued during year | | 770 | | | | | | | 0 | 770 |
| 22. Other changes to in force (Net) | | (11,149) | | | | | | | 0 | (11,149) |
| 23. In force December 31 of current year | 18 | 349,415 | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 349,415 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 627 | 611 | | 375 | 375 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 627 | 611 | 0 | 375 | 375 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 627 | 611 | 0 | 375 | 375 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|-----------|---------------------------------------|-------|------------|-----------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 801,703 | | | | 801,703 |
| 2. Annuity considerations | 424,050 | | | | 424,050 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 1,225,753 | 0 | 0 | 0 | 1,225,753 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 494 | | | | 494 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 360 | | | | 360 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 855 | 0 | 0 | 0 | 855 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 855 | 0 | 0 | 0 | 855 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 452,883 | | | | 452,883 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | 450 | | | | 450 |
| 12. Surrender values and withdrawals for life contracts | 1,340,876 | | | | 1,340,876 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 1,794,209 | 0 | 0 | 0 | 1,794,209 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------------------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 2 | 85,232 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 85,232 |
| 17. Incurred during current year | 24 | 436,286 | | | | | | | 24 | 436,286 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 26 | 452,883 | | | | | | | 26 | 452,883 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 26 | 452,883 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 452,883 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 26 | 452,883 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 452,883 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 68,635 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 68,635 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 3,929 | 98,836,123 | 0 | 0 | 0 | 0 | 0 | 0 | 3,929 | 98,836,123 |
| 21. Issued during year | 4 | 348,751 | | | | | | | 4 | 348,751 |
| 22. Other changes to in force (Net) | (164) | (5,049,361) | | | | | | | (164) | (5,049,361) |
| 23. In force December 31 of current year | 3,769 | 94,135,513 | 0 | 0 | 0 | 0 | 0 | 0 | 3,769 | 94,135,513 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 3,489,681 | 3,698,229 | | 2,343,125 | 2,366,612 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 3,318 | 3,234 | | 1,981 | 1,984 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 3,318 | 3,234 | 0 | 1,981 | 1,984 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,492,999 | 3,701,463 | 0 | 2,345,106 | 2,368,596 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,460 and number of persons insured under Indemnity only products 25



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 215,155 | | | | 215,155 |
| 2. Annuity considerations | 54,935 | | | | 54,935 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 270,090 | 0 | 0 | 0 | 270,090 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 128 | | | | 128 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 128 | 0 | 0 | 0 | 128 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 128 | 0 | 0 | 0 | 128 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 58,168 | | | | 58,168 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | 14,184 | | | | 14,184 |
| 12. Surrender values and withdrawals for life contracts | 281,061 | | | | 281,061 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 353,413 | 0 | 0 | 0 | 353,413 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|------------|---|--------|--------------------|--------------------|------------|--------|-------|------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 1 | 18,114 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 18,114 |
| 17. Incurred during current year | 2 | 54,880 | | | | | | | 2 | 54,880 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 3 | 58,168 | | | | | | | 3 | 58,168 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 3 | 58,168 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 58,168 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 3 | 58,168 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 58,168 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 14,825 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14,825 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 689 | 23,124,877 | 0 | 0 | 0 | 0 | 0 | 0 | 689 | 23,124,877 |
| 21. Issued during year | 1 | 44,794 | | | | | | | 1 | 44,794 |
| 22. Other changes to in force (Net) | (21) | (648,542) | | | | | | | (21) | (648,542) |
| 23. In force December 31 of current year | 669 | 22,521,129 | 0 | 0 | 0 | 0 | 0 | 0 | 669 | 22,521,129 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 145,014 | 153,681 | | 97,369 | 98,345 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 1,375 | 1,340 | | 821 | 822 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 1,375 | 1,340 | 0 | 821 | 822 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 146,389 | 155,021 | 0 | 98,190 | 99,167 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 141 and number of persons insured under Indemnity only products 120



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|-----------|---------------------------------------|-------|------------|-----------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 411,432 | | | | 411,432 |
| 2. Annuity considerations | 92,949 | | | | 92,949 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 504,381 | 0 | 0 | 0 | 504,381 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 2,602 | | | | 2,602 |
| 6.2 Applied to pay renewal premiums | 533 | | | | 533 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 15,732 | | | | 15,732 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 18,866 | 0 | 0 | 0 | 18,866 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | 0 | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 18,866 | 0 | 0 | 0 | 18,866 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 305,724 | | | | 305,724 |
| 10. Matured endowments | 19,000 | | | | 19,000 |
| 11. Annuity benefits | 74,847 | | | | 74,847 |
| 12. Surrender values and withdrawals for life contracts | 695,789 | | | | 695,789 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 290 | 0 | 0 | 0 | 290 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 1,095,650 | 0 | 0 | 0 | 1,095,650 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 290 | | | | 290 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 290 | 0 | 0 | 0 | 290 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------------------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 1 | 47,594 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 47,594 |
| 17. Incurred during current year | 29 | 316,229 | | | | | | | 29 | 316,229 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 27 | 324,724 | | | | | | | 27 | 324,724 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 27 | 324,724 | 0 | 0 | 0 | 0 | 0 | 0 | 27 | 324,724 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 27 | 324,724 | 0 | 0 | 0 | 0 | 0 | 0 | 27 | 324,724 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 3 | 39,100 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 39,100 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 2,704 | 47,277,406 | 0 | 0 | 0 | 0 | 0 | 0 | 2,704 | 47,277,406 |
| 21. Issued during year | 3 | 250,060 | | | | | | | 3 | 250,060 |
| 22. Other changes to in force (Net) | (118) | (3,620,468) | | | | | | | (118) | (3,620,468) |
| 23. In force December 31 of current year | 2,589 | 43,906,998 | 0 | 0 | 0 | 0 | 0 | 0 | 2,589 | 43,906,998 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 12,285,270 | 13,019,454 | | 8,248,869 | 8,331,552 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 491,838 | 479,325 | | 293,621 | 294,050 |
| 25.3 Non-renewable for stated reasons only (b) | 613 | 613 | | 4,646 | 4,646 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 492,451 | 479,938 | 0 | 298,267 | 298,696 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 12,777,721 | 13,499,392 | 0 | 8,547,136 | 8,630,248 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 34,475 and number of persons insured under Indemnity only products 177



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 121,143 | | | | 121,143 |
| 2. Annuity considerations | 6,213 | | | | 6,213 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 127,357 | 0 | 0 | 0 | 127,357 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 1,912 | | | | 1,912 |
| 6.2 Applied to pay renewal premiums | 0 | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 5,295 | | | | 5,295 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 7,208 | 0 | 0 | 0 | 7,208 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 7,208 | 0 | 0 | 0 | 7,208 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 73,272 | | | | 73,272 |
| 10. Matured endowments | 7,500 | | | | 7,500 |
| 11. Annuity benefits | 9,158 | | | | 9,158 |
| 12. Surrender values and withdrawals for life contracts | 103,397 | | | | 103,397 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 1,062 | 0 | 0 | 0 | 1,062 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 194,389 | 0 | 0 | 0 | 194,389 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 1,062 | | | | 1,062 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 1,062 | 0 | 0 | 0 | 1,062 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|------------|---|--------|--------------------|--------------------|------------|--------|-------|------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 6,621 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6,621 |
| 17. Incurred during current year | 8 | 83,602 | | | | | | | 8 | 83,602 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 8 | 80,772 | | | | | | | 8 | 80,772 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 8 | 80,772 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 80,772 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 8 | 80,772 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 80,772 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 9,452 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9,452 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 699 | 11,502,880 | 0 | (a)0 | 0 | 0 | 0 | 0 | 699 | 11,502,880 |
| 21. Issued during year | 1 | 62,200 | | | | | | | 1 | 62,200 |
| 22. Other changes to in force (Net) | (29) | (900,553) | | | | | | | (29) | (900,553) |
| 23. In force December 31 of current year | 671 | 10,664,527 | 0 | (a)0 | 0 | 0 | 0 | 0 | 671 | 10,664,527 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 3,261,898 | 3,456,834 | | 2,190,182 | 2,212,135 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 1,984 | 1,934 | | 1,184 | 1,186 |
| 25.3Non-renewable for stated reasons only (b) | 299 | 299 | | 2,268 | 2,268 |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 2,283 | 2,233 | 0 | 3,452 | 3,454 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,264,181 | 3,459,067 | 0 | 2,193,634 | 2,215,589 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 9,396 and number of persons insured under Indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OFMississippi

DURING THE YEAR2009

NAIC Group Code0119

LIFE INSURANCE

NAIC Company Code70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | 23,968 | | | | 23,968 |
| 2. Annuity considerations | 4,899 | | | | 4,899 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 28,867 | 0 | 0 | 0 | 28,867 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 0 | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 22,680 | | | | 22,680 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | 0 | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 75,052 | | | | 75,052 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 97,732 | 0 | 0 | 0 | 97,732 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 1,239 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,239 |
| 17.Incurred during current year | 1 | 23,238 | | | | | | | 1 | 23,238 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1 | 22,680 | | | | | | | 1 | 22,680 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 22,680 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 22,680 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 22,680 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 22,680 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 1,797 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,797 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 32 | 799,071 | 0 | 0 | 0 | 0 | 0 | 0 | 32 | 799,071 |
| 21. Issued during year | | 17,465 | | | | | | | 0 | 17,465 |
| 22. Other changes to in force (Net) | (8) | (252,868) | | | | | | | (8) | (252,868) |
| 23. In force December 31 of current year | 24 | 563,668 | 0 | 0 | 0 | 0 | 0 | 0 | 24 | 563,668 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group policies (b) | 2,220,965 | 2,353,693 | | 1,491,253 | 1,506,201 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 465,329 | 453,490 | | 277,796 | 278,201 |
| 25.3Non-renewable for stated reasons only (b) | 1,965 | 1,965 | | 14,908 | 14,908 |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 467,294 | 455,455 | 0 | 292,704 | 293,109 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,688,259 | 2,809,148 | 0 | 1,783,957 | 1,799,310 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 9,245 and number of persons insured under Indemnity only products 63



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 26,815 | | | | 26,815 |
| 2. Annuity considerations | 12,350 | | | | 12,350 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 39,166 | 0 | 0 | 0 | 39,166 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 1,617 | | | | 1,617 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 1,617 | 0 | 0 | 0 | 1,617 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | 1 | | | | 1 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 1 | 0 | 0 | 0 | 1 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 1,619 | 0 | 0 | 0 | 1,619 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 500 | | | | 500 |
| 10. Matured endowments | 1,000 | | | | 1,000 |
| 11. Annuity benefits | 929 | | | | 929 |
| 12. Surrender values and withdrawals for life contracts | 55,201 | | | | 55,201 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 5 | 0 | 0 | 0 | 5 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 57,635 | 0 | 0 | 0 | 57,635 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 5 | | | | 5 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 5 | 0 | 0 | 0 | 5 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 1,476 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,476 |
| 17. Incurred during current year | 1 | 2,178 | | | | | | | 1 | 2,178 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1 | 1,500 | | | | | | | 1 | 1,500 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 1,500 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,500 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 1,500 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,500 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 2,154 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,154 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 134 | 2,326,389 | 0 | 0 | 0 | 0 | 0 | 0 | 134 | 2,326,389 |
| 21. Issued during year | | 1,155 | | | | | | | 0 | 1,155 |
| 22. Other changes to in force (Net) | (1) | (16,724) | | | | | | | (1) | (16,724) |
| 23. In force December 31 of current year | 133 | 2,310,820 | 0 | 0 | 0 | 0 | 0 | 0 | 133 | 2,310,820 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 8,914,780 | 9,447,539 | | 5,985,774 | 6,045,773 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 307,074 | 299,261 | | 183,319 | 183,587 |
| 25.3Non-renewable for stated reasons only (b) | 583 | 583 | | 4,425 | 4,425 |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 307,657 | 299,844 | 0 | 187,744 | 188,012 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 9,222,437 | 9,747,383 | 0 | 6,173,518 | 6,233,785 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 33,811 and number of persons insured under Indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 4,681 | | | | 4,681 |
| 2. Annuity considerations | 1,052 | | | | 1,052 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 5,734 | 0 | 0 | 0 | 5,734 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | 1,754 | | | | 1,754 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 9,559 | | | | 9,559 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 11,313 | 0 | 0 | 0 | 11,313 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|----------|---|--------|--------------------|--------------------|------------|--------|-------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 331 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 331 |
| 17. Incurred during current year | 1 | 1,898 | | | | | | | 1 | 1,898 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | 1 | 1,754 | | | | | | | 1 | 1,754 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 1,754 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,754 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 1,754 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,754 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 475 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 475 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 23 | 104,250 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 23 | 104,250 |
| 21. Issued during year | | 1,351 | | | | | | | 0 | 1,351 |
| 22. Other changes to in force (Net) | (1) | (19,556) | | | | | | | (1) | (19,556) |
| 23. In force December 31 of current year | 22 | 86,045 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 22 | 86,045 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 339 | 331 | | 203 | 203 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 339 | 331 | 0 | 203 | 203 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 339 | 331 | 0 | 203 | 203 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 16,777 | | | | 16,777 |
| 2. Annuity considerations | 5,045 | | | | 5,045 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 21,822 | 0 | 0 | 0 | 21,822 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 389 | | | | 389 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 389 | 0 | 0 | 0 | 389 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 389 | 0 | 0 | 0 | 389 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | 1,000 | | | | 1,000 |
| 11. Annuity benefits | 633 | | | | 633 |
| 12. Surrender values and withdrawals for life contracts | 46,272 | | | | 46,272 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 7 | 0 | 0 | 0 | 7 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 47,911 | 0 | 0 | 0 | 47,911 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 7 | | | | 7 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 7 | 0 | 0 | 0 | 7 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 904 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 904 |
| 17. Incurred during current year | 1 | 1,375 | | | | | | | 1 | 1,375 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1 | 1,000 | | | | | | | 1 | 1,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,000 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 1,279 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,279 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 83 | 1,436,011 | 0 | 0 | 0 | 0 | 0 | 0 | 83 | 1,436,011 |
| 21. Issued during year | | 770 | | | | | | | 0 | 770 |
| 22. Other changes to in force (Net) | | (11,149) | | | | | | | 0 | (11,149) |
| 23. In force December 31 of current year | 83 | 1,425,632 | 0 | 0 | 0 | 0 | 0 | 0 | 83 | 1,425,632 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 92,190 | 97,700 | | 61,901 | 62,521 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 43,400 | 42,295 | | 25,909 | 25,947 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 43,400 | 42,295 | 0 | 25,909 | 25,947 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 135,590 | 139,995 | 0 | 87,810 | 88,468 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 191 and number of persons insured under Indemnity only products 166



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 13,387 | | | | 13,387 |
| 2. Annuity considerations | 1,851 | | | | 1,851 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 15,238 | 0 | 0 | 0 | 15,238 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 47 | | | | 47 |
| 6.2 Applied to pay renewal premiums | 46 | | | | 46 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 549 | | | | 549 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 643 | 0 | 0 | 0 | 643 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 643 | 0 | 0 | 0 | 643 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 65,423 | | | | 65,423 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 387 | 0 | 0 | 0 | 387 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 65,811 | 0 | 0 | 0 | 65,811 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 387 | | | | 387 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 387 | 0 | 0 | 0 | 387 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 1,080 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,080 |
| 17. Incurred during current year | | 66 | | | | | | | 0 | 66 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 1,146 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,146 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 58 | 2,160,382 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 58 | 2,160,382 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 58 | 2,160,382 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 58 | 2,160,382 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 4,056,817 | 4,299,258 | | 2,723,925 | 2,751,229 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 171,362 | 167,002 | | 102,301 | 102,450 |
| 25.3 Non-renewable for stated reasons only (b) | 215 | 215 | | 1,630 | 1,630 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 171,577 | 167,217 | 0 | 103,931 | 104,080 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 4,228,394 | 4,466,475 | 0 | 2,827,856 | 2,855,309 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products10,529 and number of persons insured under Indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 23,974 | | | | 23,974 |
| 2. Annuity considerations | 10,433 | | | | 10,433 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 34,406 | 0 | 0 | 0 | 34,406 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 45 | | | | 45 |
| 6.2 Applied to pay renewal premiums | 109 | | | | 109 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 154 | 0 | 0 | 0 | 154 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 154 | 0 | 0 | 0 | 154 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 57,158 | | | | 57,158 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 57,158 | 0 | 0 | 0 | 57,158 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 1,567 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,567 |
| 17. Incurred during current year | | 438 | | | | | | | 0 | 438 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 2,005 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,005 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 91 | 3,600,887 | 0 | 0 | 0 | 0 | 0 | 0 | 91 | 3,600,887 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 91 | 3,600,887 | 0 | 0 | 0 | 0 | 0 | 0 | 91 | 3,600,887 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 430 | 419 | | 257 | 257 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 430 | 419 | 0 | 257 | 257 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 430 | 419 | 0 | 257 | 257 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 371,068 | | | | 371,068 |
| 2. Annuity considerations | 145,112 | | | | 145,112 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 516,179 | 0 | 0 | 0 | 516,179 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 795 | | | | 795 |
| 6.2 Applied to pay renewal premiums | 1,318 | | | | 1,318 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 3,756 | | | | 3,756 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 5,869 | 0 | 0 | 0 | 5,869 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | 1,358 | | | | 1,358 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 1,358 | 0 | 0 | 0 | 1,358 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 7,227 | 0 | 0 | 0 | 7,227 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 70,235 | | | | 70,235 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | 46,673 | | | | 46,673 |
| 12. Surrender values and withdrawals for life contracts | 343,902 | | | | 343,902 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 5,746 | 0 | 0 | 0 | 5,746 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 466,557 | 0 | 0 | 0 | 466,557 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 5,746 | | | | 5,746 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 5,746 | 0 | 0 | 0 | 5,746 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|------------|---|--------|--------------------|--------------------|------------|--------|-------|------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 26,358 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26,358 |
| 17. Incurred during current year | 4 | 80,887 | | | | | | | 4 | 80,887 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 4 | 70,235 | | | | | | | 4 | 70,235 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 4 | 70,235 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 70,235 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 4 | 70,235 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 70,235 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 37,010 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37,010 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 1,231 | 51,531,516 | 0 | (a)0 | 0 | 0 | 0 | 0 | 1,231 | 51,531,516 |
| 21. Issued during year | 1 | 54,086 | | | | | | | 1 | 54,086 |
| 22. Other changes to in force (Net) | (25) | (783,076) | | | | | | | (25) | (783,076) |
| 23. In force December 31 of current year | 1,207 | 50,802,526 | 0 | (a)0 | 0 | 0 | 0 | 0 | 1,207 | 50,802,526 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 4,968 | 4,842 | | 2,966 | 2,970 |
| 25.3 Non-renewable for stated reasons only (b) | 219 | 219 | | 1,663 | 1,663 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 5,187 | 5,061 | 0 | 4,629 | 4,633 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 5,187 | 5,061 | 0 | 4,629 | 4,633 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under Indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 4,201 | | | | 4,201 |
| 2. Annuity considerations | 1,014 | | | | 1,014 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 5,215 | 0 | 0 | 0 | 5,215 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | 0 | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | 500 | | | | 500 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 8,600 | | | | 8,600 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 14 | 0 | 0 | 0 | 14 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 9,114 | 0 | 0 | 0 | 9,114 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 14 | | | | 14 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 14 | 0 | 0 | 0 | 14 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------|---|--------|--------------------|--------------------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 278 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 278 |
| 17. Incurred during current year | 0 | 608 | | | | | | | 0 | 608 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 500 | | | | | | | 0 | 500 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 500 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 500 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 386 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 386 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 0 | 0 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Issued during year | | 0 | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | 0 | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 814,538 | 863,216 | | 546,916 | 552,398 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 5,383 | 5,246 | | 3,213 | 3,218 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 5,383 | 5,246 | 0 | 3,213 | 3,218 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 819,921 | 868,462 | 0 | 550,129 | 555,616 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,491 and number of persons insured under Indemnity only products 394



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 25,135 | | | | 25,135 |
| 2. Annuity considerations | 9,687 | | | | 9,687 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 34,822 | 0 | 0 | 0 | 34,822 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 348 | | | | 348 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 348 | 0 | 0 | 0 | 348 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 348 | 0 | 0 | 0 | 348 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | 1,041 | | | | 1,041 |
| 12. Surrender values and withdrawals for life contracts | 21,228 | | | | 21,228 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 5 | 0 | 0 | 0 | 5 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 22,274 | 0 | 0 | 0 | 22,274 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 5 | | | | 5 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 5 | 0 | 0 | 0 | 5 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|-------------------------|--------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 1,733 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,733 |
| 17. Incurred during current year | | 831 | | | | | | | 0 | 831 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 2,564 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,564 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 126 | 3,377,794 | 0 | (a) 0 | No. of Policies 0 | 0 | 0 | 0 | 126 | 3,377,794 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 126 | 3,377,794 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 126 | 3,377,794 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 10,091 | 9,834 | | 6,024 | 6,033 |
| 25.3Non-renewable for stated reasons only (b) | 194 | 194 | | 1,475 | 1,475 |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 10,285 | 10,028 | 0 | 7,499 | 7,508 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 10,285 | 10,028 | 0 | 7,499 | 7,508 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 172,228 | | | | 172,228 |
| 2. Annuity considerations | 31,334 | | | | 31,334 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 203,562 | 0 | 0 | 0 | 203,562 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 1,490 | | | | 1,490 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 1,490 | 0 | 0 | 0 | 1,490 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 1,490 | 0 | 0 | 0 | 1,490 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 344,974 | | | | 344,974 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | 11,727 | | | | 11,727 |
| 12. Surrender values and withdrawals for life contracts | 315,945 | | | | 315,945 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 41 | 0 | 0 | 0 | 41 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 672,687 | 0 | 0 | 0 | 672,687 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 41 | | | | 41 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 41 | 0 | 0 | 0 | 41 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------------------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 10,375 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10,375 |
| 17. Incurred during current year | 20 | 348,024 | | | | | | | 20 | 348,024 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 20 | 344,974 | | | | | | | 20 | 344,974 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 20 | 344,974 | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 344,974 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 20 | 344,974 | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 344,974 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 13,425 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13,425 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 352 | 13,170,508 | 0 | 0 | 0 | 0 | 0 | 0 | 352 | 13,170,508 |
| 21. Issued during year | 3 | 265,653 | | | | | | | 3 | 265,653 |
| 22. Other changes to in force (Net) | (125) | (3,846,243) | | | | | | | (125) | (3,846,243) |
| 23. In force December 31 of current year | 230 | 9,589,918 | 0 | 0 | 0 | 0 | 0 | 0 | 230 | 9,589,918 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 3,380,705 | 3,582,740 | | 2,269,954 | 2,292,707 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 390,062 | 380,138 | | 232,862 | 233,202 |
| 25.3 Non-renewable for stated reasons only (b) | 3,499 | 3,499 | | 26,543 | 26,543 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 393,561 | 383,637 | 0 | 259,405 | 259,745 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,774,266 | 3,966,377 | 0 | 2,529,359 | 2,552,452 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 5,099 and number of persons insured under Indemnity only products 4,501



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 543 | | | | 543 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 543 | 0 | 0 | 0 | 543 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|---------|---|--------|--------------------|--------------------|------------|--------|-------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 208 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 208 |
| 17. Incurred during current year | | 107 | | | | | | | 0 | 107 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 315 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 315 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 10 | 128,000 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 128,000 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 10 | 128,000 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 128,000 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 503,597 | 533,692 | | 338,137 | 341,526 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 232 | 226 | | 139 | 139 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 232 | 226 | 0 | 139 | 139 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 503,829 | 533,918 | 0 | 338,276 | 341,665 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 225 and number of persons insured under Indemnity only products 1,215



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | | | | | .0 |
| 2. Annuity considerations | | | | | .0 |
| 3. Deposit-type contract funds | | XXX | | XXX | .0 |
| 4. Other considerations | | | | | .0 |
| 5. Totals (Sum of Lines 1 to 4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | .0 |
| 6.2 Applied to pay renewal premiums | | | | | .0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | .0 |
| 6.4 Other | | | | | .0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | .0 | 0 | .0 | 0 | .0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | .0 |
| 7.2 Applied to provide paid-up annuities | | | | | .0 |
| 7.3 Other | | | | | .0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | .0 | 0 | .0 | 0 | .0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | .0 |
| 10. Matured endowments | | | | | .0 |
| 11. Annuity benefits | | | | | .0 |
| 12. Surrender values and withdrawals for life contracts | | | | | .0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | .0 | 0 | .0 | 0 | .0 |
| 14. All other benefits, except accident and health | | | | | .0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | .0 | 0 | .0 | 0 | .0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------|---|--------|--------------------|--------------------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 17. Incurred during current year | | | | | | | | | .0 | .0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | .0 | .0 |
| 18.2 By payment on compromised claims | | | | | | | | | .0 | .0 |
| 18.3 Totals paid | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 18.4 Reduction by compromise | | | | | | | | | .0 | .0 |
| 18.5 Amount rejected | | | | | | | | | .0 | .0 |
| 18.6 Total settlements | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | .0 | .0 | .0 | (a).0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 21. Issued during year | | | | | | | | | .0 | .0 |
| 22. Other changes to in force (Net) | | | | | | | | | .0 | .0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | (a)0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | | | | | |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | .0 | 0 | .0 | 0 | .0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|-----------|---------------------------------------|-------|------------|-----------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 896,278 | | | | 896,278 |
| 2. Annuity considerations | 190,616 | | | | 190,616 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 1,086,894 | 0 | 0 | 0 | 1,086,894 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 422 | | | | 422 |
| 6.2 Applied to pay renewal premiums | 98 | | | | 98 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 4,307 | | | | 4,307 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 4,827 | 0 | 0 | 0 | 4,827 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 4,827 | 0 | 0 | 0 | 4,827 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 549,917 | | | | 549,917 |
| 10. Matured endowments | 500 | | | | 500 |
| 11. Annuity benefits | 40,792 | | | | 40,792 |
| 12. Surrender values and withdrawals for life contracts | 1,359,548 | | | | 1,359,548 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 1,819 | 0 | 0 | 0 | 1,819 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 1,952,576 | 0 | 0 | 0 | 1,952,576 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 1,819 | | | | 1,819 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 1,819 | 0 | 0 | 0 | 1,819 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 64,182 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 64,182 |
| 17. Incurred during current year | 32 | 578,647 | | | | | | | 32 | 578,647 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 32 | 550,417 | | | | | | | 32 | 550,417 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 32 | 550,417 | 0 | 0 | 0 | 0 | 0 | 0 | 32 | 550,417 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 32 | 550,417 | 0 | 0 | 0 | 0 | 0 | 0 | 32 | 550,417 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 92,411 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 92,411 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 2,428 | 115,367,206 | 0 | 0 | 0 | 0 | 0 | 0 | 2,428 | 115,367,206 |
| 21. Issued during year | 5 | 423,859 | | | | | | | 5 | 423,859 |
| 22. Other changes to in force (Net) | (200) | (6,136,809) | | | | | | | (200) | (6,136,809) |
| 23. In force December 31 of current year | 2,233 | 109,654,256 | 0 | 0 | 0 | 0 | 0 | 0 | 2,233 | 109,654,256 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 15,834,843 | 16,781,154 | | 10,632,208 | 10,738,781 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 346,183 | 337,376 | | 206,667 | 206,968 |
| 25.3 Non-renewable for stated reasons only (b) | 1,600 | 1,600 | | 12,137 | 12,137 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 347,783 | 338,976 | 0 | 218,804 | 219,105 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 16,182,626 | 17,120,130 | 0 | 10,851,012 | 10,957,886 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 51,144 and number of persons insured under Indemnity only products 4



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 5,000 | | | | 5,000 |
| 2. Annuity considerations | 2,371 | | | | 2,371 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 7,371 | 0 | 0 | 0 | 7,371 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 822 | | | | 822 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 822 | 0 | 0 | 0 | 822 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 822 | 0 | 0 | 0 | 822 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 12,748 | | | | 12,748 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | 2,531 | | | | 2,531 |
| 12. Surrender values and withdrawals for life contracts | 6,861 | | | | 6,861 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 22,140 | 0 | 0 | 0 | 22,140 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 303 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 303 |
| 17. Incurred during current year | 1 | 12,775 | | | | | | | 1 | 12,775 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1 | 12,748 | | | | | | | 1 | 12,748 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 12,748 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 12,748 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 12,748 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 12,748 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 330 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 330 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 21 | 190,430 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 21 | 190,430 |
| 21. Issued during year | | 9,817 | | | | | | | 0 | 9,817 |
| 22. Other changes to in force (Net) | (5) | (142,130) | | | | | | | (5) | (142,130) |
| 23. In force December 31 of current year | 16 | 58,117 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 16 | 58,117 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 2,685,398 | 2,845,881 | | 1,803,094 | 1,821,167 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 66,825 | 65,125 | | 39,894 | 39,952 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 66,825 | 65,125 | 0 | 39,894 | 39,952 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,752,223 | 2,911,006 | 0 | 1,842,988 | 1,861,119 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,720 and number of persons insured under Indemnity only products 146



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------------|--|------------|-----------------|------------|
| 1. Life insurance..... | 6,495 | | | | 6,495 |
| 2. Annuity considerations..... | 1,999 | | | | 1,999 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 8,494 | 0 | 0 | 0 | 8,494 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 500 | | | | 500 |
| 10. Matured endowments..... | 500 | | | | 500 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 869 | | | | 869 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 126 | 0 | 0 | 0 | 126 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 1,995 | 0 | 0 | 0 | 1,995 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid..... | 126 | | | | 126 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page..... | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)..... | 126 | 0 | 0 | 0 | 126 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|----------|---|--------|--------------------|--------|------------|--------|-------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year..... | 0 | 585 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 585 |
| 17. Incurred during current year..... | 0 | 1,233 | | | | | | | 0 | 1,233 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 0 | 1,000 | | | | | | | 0 | 1,000 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 |
| 19. Unpaid Dec. 31, current year (16+17-18.6)..... | 0 | 818 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 818 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year..... | 36 | 610,462 | 0 | (a)0 | 0 | 0 | 0 | 0 | 36 | 610,462 |
| 21. Issued during year..... | | 770 | | | | | | | 0 | 770 |
| 22. Other changes to in force (Net)..... | | (11,149) | | | | | | | 0 | (11,149) |
| 23. In force December 31 of current year..... | 36 | 600,083 | 0 | (a)0 | 0 | 0 | 0 | 0 | 36 | 600,083 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employees Health Benefits Program premium (b)..... | | | | | |
| 24.2 Credit (Group and Individual)..... | | | | | |
| 24.3 Collectively Renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 4,884 | 4,760 | | 2,916 | 2,920 |
| 25.3 Non-renewable for stated reasons only (b)..... | 209 | 209 | | 1,583 | 1,583 |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5)..... | 5,093 | 4,969 | 0 | 4,499 | 4,503 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 5,093 | 4,969 | 0 | 4,499 | 4,503 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 356,796 | | | | 356,796 |
| 2. Annuity considerations | 151,372 | | | | 151,372 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 508,168 | 0 | 0 | 0 | 508,168 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 296 | | | | 296 |
| 6.2 Applied to pay renewal premiums | 1,600 | | | | 1,600 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 670 | | | | 670 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 2,566 | 0 | 0 | 0 | 2,566 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 2,566 | 0 | 0 | 0 | 2,566 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 169,865 | | | | 169,865 |
| 10. Matured endowments | 500 | | | | 500 |
| 11. Annuity benefits | 98,596 | | | | 98,596 |
| 12. Surrender values and withdrawals for life contracts | 713,871 | | | | 713,871 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 1,883 | 0 | 0 | 0 | 1,883 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 984,716 | 0 | 0 | 0 | 984,716 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 1,883 | | | | 1,883 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 1,883 | 0 | 0 | 0 | 1,883 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------------------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 25,109 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25,109 |
| 17. Incurred during current year | 9 | 181,070 | | | | | | | 9 | 181,070 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 10 | 170,365 | | | | | | | 10 | 170,365 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 10 | 170,365 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 170,365 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 10 | 170,365 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 170,365 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | (1) | 35,814 | 0 | 0 | 0 | 0 | 0 | 0 | (1) | 35,814 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 1,221 | 48,458,012 | 0 | 0 | 0 | 0 | 0 | 0 | 1,221 | 48,458,012 |
| 21. Issued during year | 2 | 131,193 | | | | | | | 2 | 131,193 |
| 22. Other changes to in force (Net) | (62) | (1,899,469) | | | | | | | (62) | (1,899,469) |
| 23. In force December 31 of current year | 1,161 | 46,689,736 | 0 | 0 | 0 | 0 | 0 | 0 | 1,161 | 46,689,736 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 2,188,629 | 2,319,424 | | 1,469,541 | 1,484,271 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 4,961 | 4,835 | | 2,962 | 2,966 |
| 25.3Non-renewable for stated reasons only (b) | 541 | 541 | | 4,102 | 4,102 |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 5,502 | 5,376 | 0 | 7,064 | 7,068 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,194,131 | 2,324,800 | 0 | 1,476,605 | 1,491,339 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 7,278 and number of persons insured under Indemnity only products 76



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | 184 | | | | 184 |
| 2. Annuity considerations | 0 | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 184 | 0 | 0 | 0 | 184 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 186 | | | | 186 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 186 | 0 | 0 | 0 | 186 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------|---|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 17. Incurred during current year | | 1 | | | | | | | 0 | 1 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 0 | 0 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group policies (b) | | | | | |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 64 | 62 | | 38 | 38 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 64 | 62 | 0 | 38 | 38 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 64 | 62 | 0 | 38 | 38 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | 7,428 | | | | 7,428 |
| 2. Annuity considerations | 2,774 | | | | 2,774 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 10,201 | 0 | 0 | 0 | 10,201 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | 3,991 | | | | 3,991 |
| 12. Surrender values and withdrawals for life contracts | 581 | | | | 581 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 4,572 | 0 | 0 | 0 | 4,572 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|---------|---|--------|--------------------|--------|------------|--------|-------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 260 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 260 |
| 17. Incurred during current year | | 133 | | | | | | | 0 | 133 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 393 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 393 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 27 | 459,173 | 0 | 0 | 0 | 0 | 0 | 0 | 27 | 459,173 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 27 | 459,173 | 0 | 0 | 0 | 0 | 0 | 0 | 27 | 459,173 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group policies (b) | | | | | |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | | | | | |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 46,606 | | | | 46,606 |
| 2. Annuity considerations | 20,322 | | | | 20,322 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 66,928 | 0 | 0 | 0 | 66,928 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 144 | | | | 144 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 0 | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 144 | 0 | 0 | 0 | 144 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 144 | 0 | 0 | 0 | 144 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 103,391 | | | | 103,391 |
| 10. Matured endowments | 1,000 | | | | 1,000 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 89,885 | | | | 89,885 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 194,276 | 0 | 0 | 0 | 194,276 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------------------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 2,586 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,586 |
| 17. Incurred during current year | 6 | 105,525 | | | | | | | 6 | 105,525 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 6 | 104,391 | | | | | | | 6 | 104,391 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 6 | 104,391 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 104,391 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 6 | 104,391 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 104,391 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 3,720 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,720 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 165 | 3,641,244 | 0 | 0 | 0 | 0 | 0 | 0 | 165 | 3,641,244 |
| 21. Issued during year | 1 | 80,388 | | | | | | | 1 | 80,388 |
| 22. Other changes to in force (Net) | (38) | (1,163,895) | | | | | | | (38) | (1,163,895) |
| 23. In force December 31 of current year | 128 | 2,557,737 | 0 | 0 | 0 | 0 | 0 | 0 | 128 | 2,557,737 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 223,190 | 236,528 | | 149,860 | 151,362 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 233,257 | 227,323 | | 139,251 | 139,455 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 233,257 | 227,323 | 0 | 139,251 | 139,455 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 456,447 | 463,851 | 0 | 289,111 | 290,817 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,114 and number of persons insured under Indemnity only products 175



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 6,185 | | | | 6,185 |
| 2. Annuity considerations | 393 | | | | 393 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 6,578 | 0 | 0 | 0 | 6,578 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 188 | | | | 188 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 188 | 0 | 0 | 0 | 188 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 188 | 0 | 0 | 0 | 188 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | 1,000 | | | | 1,000 |
| 11. Annuity benefits | 888 | | | | 888 |
| 12. Surrender values and withdrawals for life contracts | 12,758 | | | | 12,758 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 14,646 | 0 | 0 | 0 | 14,646 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|----------|---|--------|--------------------|--------------------|------------|--------|-------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 345 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 345 |
| 17. Incurred during current year | 1 | 1,155 | | | | | | | 1 | 1,155 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1 | 1,000 | | | | | | | 1 | 1,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,000 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 500 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 24 | 91,930 | 0 | 0 | 0 | 0 | 0 | 0 | 24 | 91,930 |
| 21. Issued during year | | 770 | | | | | | | 0 | 770 |
| 22. Other changes to in force (Net) | | (11,149) | | | | | | | 0 | (11,149) |
| 23. In force December 31 of current year | 24 | 81,551 | 0 | 0 | 0 | 0 | 0 | 0 | 24 | 81,551 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 253,390 | 268,533 | | 170,137 | 171,843 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 805 | 785 | | 481 | 481 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 805 | 785 | 0 | 481 | 481 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 254,195 | 269,318 | 0 | 170,618 | 172,324 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 212 and number of persons insured under Indemnity only products 479



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 51,136 | | | | 51,136 |
| 2. Annuity considerations | 14,708 | | | | 14,708 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 65,844 | 0 | 0 | 0 | 65,844 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 368 | | | | 368 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 368 | 0 | 0 | 0 | 368 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 368 | 0 | 0 | 0 | 368 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 45,000 | | | | 45,000 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 112,905 | | | | 112,905 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 5 | 0 | 0 | 0 | 5 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 157,910 | 0 | 0 | 0 | 157,910 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 5 | | | | 5 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 5 | 0 | 0 | 0 | 5 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 3,879 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,879 |
| 17. Incurred during current year | 3 | 46,123 | | | | | | | 3 | 46,123 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 3 | 45,000 | | | | | | | 3 | 45,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 3 | 45,000 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 45,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 3 | 45,000 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 45,000 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 5,002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,002 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 139 | 3,765,070 | 0 | 0 | 0 | 0 | 0 | 0 | 139 | 3,765,070 |
| 21. Issued during year | | 34,653 | | | | | | | 0 | 34,653 |
| 22. Other changes to in force (Net) | (16) | (501,722) | | | | | | | (16) | (501,722) |
| 23. In force December 31 of current year | 123 | 3,298,001 | 0 | 0 | 0 | 0 | 0 | 0 | 123 | 3,298,001 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 4,461,387 | 4,728,005 | | 2,995,571 | 3,025,597 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 1,052,299 | 1,025,527 | | 628,209 | 629,126 |
| 25.3 Non-renewable for stated reasons only (b) | 723 | 723 | | 5,486 | 5,486 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 1,053,022 | 1,026,250 | 0 | 633,695 | 634,612 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 5,514,409 | 5,754,255 | 0 | 3,629,266 | 3,660,209 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 17,892 and number of persons insured under Indemnity only products 77



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 109,269 | | | | 109,269 |
| 2. Annuity considerations | 185,293 | | | | 185,293 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 294,562 | 0 | 0 | 0 | 294,562 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 83 | | | | 83 |
| 6.2 Applied to pay renewal premiums | 492 | | | | 492 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 883 | | | | 883 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 1,458 | 0 | 0 | 0 | 1,458 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 1,458 | 0 | 0 | 0 | 1,458 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 100,716 | | | | 100,716 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | 3,047 | | | | 3,047 |
| 12. Surrender values and withdrawals for life contracts | 179,402 | | | | 179,402 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 17 | 0 | 0 | 0 | 17 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 283,181 | 0 | 0 | 0 | 283,181 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 17 | | | | 17 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 17 | 0 | 0 | 0 | 17 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------------------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 5,306 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,306 |
| 17. Incurred during current year | 6 | 102,987 | | | | | | | 6 | 102,987 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 6 | 100,716 | | | | | | | 6 | 100,716 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 6 | 100,716 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 100,716 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 6 | 100,716 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 100,716 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 7,577 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,577 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 736 | 10,041,927 | 0 | 0 | 0 | 0 | 0 | 0 | 736 | 10,041,927 |
| 21. Issued during year | 1 | 77,558 | | | | | | | 1 | 77,558 |
| 22. Other changes to in force (Net) | (37) | (1,122,917) | | | | | | | (37) | (1,122,917) |
| 23. In force December 31 of current year | 700 | 8,996,568 | 0 | 0 | 0 | 0 | 0 | 0 | 700 | 8,996,568 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 45,300,612 | 48,007,836 | | 30,416,819 | 30,721,704 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 3,146,298 | 3,066,252 | | 1,878,300 | 1,881,040 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 3,146,298 | 3,066,252 | 0 | 1,878,300 | 1,881,040 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 48,446,910 | 51,074,088 | 0 | 32,295,119 | 32,602,744 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 159,584 and number of persons insured under Indemnity only products 102



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | | | | | .0 |
| 2. Annuity considerations | | | | | .0 |
| 3. Deposit-type contract funds | | XXX | | XXX | .0 |
| 4. Other considerations | | | | | .0 |
| 5. Totals (Sum of Lines 1 to 4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | .0 |
| 6.2 Applied to pay renewal premiums | | | | | .0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | .0 |
| 6.4 Other | | | | | .0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | .0 | 0 | .0 | 0 | .0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | .0 |
| 7.2 Applied to provide paid-up annuities | | | | | .0 |
| 7.3 Other | | | | | .0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | .0 | 0 | .0 | 0 | .0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | .0 |
| 10. Matured endowments | | | | | .0 |
| 11. Annuity benefits | | | | | .0 |
| 12. Surrender values and withdrawals for life contracts | | | | | .0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | .0 | 0 | .0 | 0 | .0 |
| 14. All other benefits, except accident and health | | | | | .0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | .0 | 0 | .0 | 0 | .0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------|---|--------|--------------------|--------------------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 17. Incurred during current year | | | | | | | | | .0 | .0 |
| Settled during current year: | | | | | | | | | .0 | .0 |
| 18.1 By payment in full | | | | | | | | | .0 | .0 |
| 18.2 By payment on compromised claims | | | | | | | | | .0 | .0 |
| 18.3 Totals paid | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 18.4 Reduction by compromise | | | | | | | | | .0 | .0 |
| 18.5 Amount rejected | | | | | | | | | .0 | .0 |
| 18.6 Total settlements | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | .0 | .0 | .0 | (a).0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 21. Issued during year | | | | | | | | | .0 | .0 |
| 22. Other changes to in force (Net) | | | | | | | | | .0 | .0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | (a)0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | | | | | |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | .0 | .0 | .0 | .0 | .0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 20,488 | | | | 20,488 |
| 2. Annuity considerations | 5,221 | | | | 5,221 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 25,710 | 0 | 0 | 0 | 25,710 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 0 | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 6,857 | | | | 6,857 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 3 | 0 | 0 | 0 | 3 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 6,860 | 0 | 0 | 0 | 6,860 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 3 | | | | 3 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 3 | 0 | 0 | 0 | 3 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 1,078 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,078 |
| 17. Incurred during current year | | 467 | | | | | | | 0 | 467 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 1,545 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,545 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 43 | 1,906,873 | 0 | 0 | 0 | 0 | 0 | 0 | 43 | 1,906,873 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 43 | 1,906,873 | 0 | 0 | 0 | 0 | 0 | 0 | 43 | 1,906,873 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 3,167,260 | 3,356,540 | | 2,126,638 | 2,147,954 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 486,836 | 474,450 | | 290,635 | 291,059 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 486,836 | 474,450 | 0 | 290,635 | 291,059 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,654,096 | 3,830,990 | 0 | 2,417,273 | 2,439,013 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products12,886 and number of persons insured under Indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 2,125 | | | | 2,125 |
| 2. Annuity considerations | 1,256 | | | | 1,256 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 3,381 | 0 | 0 | 0 | 3,381 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|---------|---|--------|--------------------|--------------------|------------|--------|-------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 255 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 255 |
| 17. Incurred during current year | | 174 | | | | | | | 0 | 174 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 429 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 429 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 13 | 557,087 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 557,087 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 13 | 557,087 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 557,087 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 21,378 | 20,834 | | 12,763 | 12,781 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 21,378 | 20,834 | 0 | 12,763 | 12,781 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 21,378 | 20,834 | 0 | 12,763 | 12,781 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|---------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 136,280 | | | | 136,280 |
| 2. Annuity considerations | 50,481 | | | | 50,481 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 186,761 | 0 | 0 | 0 | 186,761 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 107 | | | | 107 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 107 | 0 | 0 | 0 | 107 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 107 | 0 | 0 | 0 | 107 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 11,090 | | | | 11,090 |
| 10. Matured endowments | 0 | | | | 0 |
| 11. Annuity benefits | 1,974 | | | | 1,974 |
| 12. Surrender values and withdrawals for life contracts | 176,258 | | | | 176,258 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 189,322 | 0 | 0 | 0 | 189,322 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|------------|---|--------|--------------------|--------------------|------------|--------|-------|------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 8,581 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8,581 |
| 17. Incurred during current year | 3 | 14,830 | | | | | | | 3 | 14,830 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | 1 | 11,090 | | | | | | | 1 | 11,090 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 11,090 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 11,090 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 11,090 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 11,090 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 2 | 12,321 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 12,321 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 459 | 17,340,008 | 0 | 0 | 0 | 0 | 0 | 0 | 459 | 17,340,008 |
| 21. Issued during year | | 8,540 | | | | | | | 0 | 8,540 |
| 22. Other changes to in force (Net) | (4) | (123,647) | | | | | | | (4) | (123,647) |
| 23. In force December 31 of current year | 455 | 17,224,901 | 0 | 0 | 0 | 0 | 0 | 0 | 455 | 17,224,901 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 7,700,483 | 8,160,674 | | 5,170,442 | 5,222,269 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 211,142 | 205,770 | | 126,049 | 126,233 |
| 25.3 Non-renewable for stated reasons only (b) | 2,092 | 2,092 | | 15,872 | 15,872 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 213,234 | 207,862 | 0 | 141,921 | 142,105 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 7,913,717 | 8,368,536 | 0 | 5,312,363 | 5,364,374 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products23,230 and number of persons insured under Indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 8,949 | | | | 8,949 |
| 2. Annuity considerations | 1,973 | | | | 1,973 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 10,922 | 0 | 0 | 0 | 10,922 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 393 | | | | 393 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 406 | | | | 406 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 799 | 0 | 0 | 0 | 799 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 799 | 0 | 0 | 0 | 799 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 2,200 | | | | 2,200 |
| 10. Matured endowments | 1,500 | | | | 1,500 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 12,659 | | | | 12,659 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 2 | 0 | 0 | 0 | 2 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 16,361 | 0 | 0 | 0 | 16,361 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 2 | | | | 2 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 2 | 0 | 0 | 0 | 2 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 926 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 926 |
| 17. Incurred during current year | 1 | 4,118 | | | | | | | 1 | 4,118 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | 1 | 3,700 | | | | | | | 1 | 3,700 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 3,700 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3,700 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 3,700 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3,700 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 1,344 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,344 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 110 | 1,719,341 | 0 | 0 | 0 | 0 | 0 | 0 | 110 | 1,719,341 |
| 21. Issued during year | | 2,849 | | | | | | | 0 | 2,849 |
| 22. Other changes to in force (Net) | (1) | (41,253) | | | | | | | (1) | (41,253) |
| 23. In force December 31 of current year | 109 | 1,680,937 | 0 | 0 | 0 | 0 | 0 | 0 | 109 | 1,680,937 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 5,065 | 4,936 | | 3,024 | 3,028 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 5,065 | 4,936 | 0 | 3,024 | 3,028 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 5,065 | 4,936 | 0 | 3,024 | 3,028 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under Indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|--------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 13,455 | | | | 13,455 |
| 2. Annuity considerations | 2,833 | | | | 2,833 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 16,288 | 0 | 0 | 0 | 16,288 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 5,318 | | | | 5,318 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 5,318 | 0 | 0 | 0 | 5,318 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------|---|--------|--------------------|--------------------|------------|--------|-------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 1,002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,002 |
| 17. Incurred during current year | | 364 | | | | | | | 0 | 364 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 1,366 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,366 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 53 | 2,122,203 | 0 | 0 | 0 | 0 | 0 | 0 | 53 | 2,122,203 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 53 | 2,122,203 | 0 | 0 | 0 | 0 | 0 | 0 | 53 | 2,122,203 |

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 580,911 | 615,627 | | 390,049 | 393,959 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively Renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 1,593 | 1,553 | | 951 | 952 |
| 25.3 Non-renewable for stated reasons only (b) | 493 | 493 | | 3,741 | 3,741 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 2,086 | 2,046 | 0 | 4,692 | 4,693 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 582,997 | 617,673 | 0 | 394,741 | 398,652 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 482 and number of persons insured under Indemnity only products 1,167



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|-----------|---------------------------------------|-------|------------|-----------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 800,763 | | | | 800,763 |
| 2. Annuity considerations | 172,419 | | | | 172,419 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 973,182 | 0 | 0 | 0 | 973,182 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 8,648 | | | | 8,648 |
| 6.2 Applied to pay renewal premiums | 8,124 | | | | 8,124 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 52,018 | | | | 52,018 |
| 6.4 Other | 1,581 | | | | 1,581 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 70,370 | 0 | 0 | 0 | 70,370 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | 0 | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 70,370 | 0 | 0 | 0 | 70,370 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 523,937 | | | | 523,937 |
| 10. Matured endowments | 50,145 | | | | 50,145 |
| 11. Annuity benefits | 75,964 | | | | 75,964 |
| 12. Surrender values and withdrawals for life contracts | 1,015,624 | | | | 1,015,624 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 961 | 0 | 0 | 0 | 961 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 1,666,632 | 0 | 0 | 0 | 1,666,632 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid | 961 | | | | 961 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 961 | 0 | 0 | 0 | 961 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|--------|--------------------|--------------------|------------|--------|-------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 3 | 157,939 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 157,939 |
| 17. Incurred during current year | 53 | 503,860 | | | | | | | 53 | 503,860 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 55 | 574,083 | | | | | | | 55 | 574,083 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 55 | 574,083 | 0 | 0 | 0 | 0 | 0 | 0 | 55 | 574,083 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 55 | 574,083 | 0 | 0 | 0 | 0 | 0 | 0 | 55 | 574,083 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 1 | 87,716 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 87,716 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 4,884 | 98,065,719 | 0 | (a)0 | 0 | 0 | 0 | 0 | 4,884 | 98,065,719 |
| 21. Issued during year | 6 | 442,083 | | | | | | | 6 | 442,083 |
| 22. Other changes to in force (Net) | (208) | (6,400,665) | | | | | | | (208) | (6,400,665) |
| 23. In force December 31 of current year | 4,682 | 92,107,137 | 0 | (a)0 | 0 | 0 | 0 | 0 | 4,682 | 92,107,137 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 18,458,708 | 19,561,825 | | 12,393,987 | 12,518,219 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 866,526 | 844,480 | | 517,305 | 518,059 |
| 25.3Non-renewable for stated reasons only (b) | 1,374 | 1,374 | | 10,422 | 10,422 |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 867,900 | 845,854 | 0 | 527,727 | 528,481 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 19,326,608 | 20,407,679 | 0 | 12,921,714 | 13,046,700 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 62,873 and number of persons insured under Indemnity only products 51



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 4,978 | | | | 4,978 |
| 2. Annuity considerations | 0 | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 4,978 | 0 | 0 | 0 | 4,978 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 169 | | | | 169 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 169 | 0 | 0 | 0 | 169 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|---------|---|--------|--------------------|--------------------|------------|--------|-------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 191 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 191 |
| 17. Incurred during current year | | 77 | | | | | | | 0 | 77 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 268 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 268 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 17 | 452,360 | 0 | 0 | 0 | 0 | 0 | 0 | 17 | 452,360 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 17 | 452,360 | 0 | 0 | 0 | 0 | 0 | 0 | 17 | 452,360 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____ current year \$ _____
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____ current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 57,986 | 61,451 | | 38,934 | 39,325 |
| 24.1Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2Credit (Group and Individual) | | | | | |
| 24.3Collectively Renewable policies (b) | | | | | |
| 24.4Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | | | | | |
| 25.2Guaranteed renewable (b) | 481 | 469 | | 287 | 287 |
| 25.3Non-renewable for stated reasons only (b) | | | | | |
| 25.4Other accident only | | | | | |
| 25.5All other (b) | | | | | |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 481 | 469 | 0 | 287 | 287 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 58,467 | 61,920 | 0 | 39,221 | 39,612 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8 and number of persons insured under Indemnity only products 115



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|--|------------|---------------------------------------|-------|------------|------------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance..... | 6,373,037 | 0 | 0 | 0 | 6,373,037 |
| 2. Annuity considerations..... | 2,184,685 | 0 | 0 | 0 | 2,184,685 |
| 3. Deposit-type contract funds..... | 0 | XXX | 0 | XXX | 0 |
| 4. Other considerations..... | 0 | 0 | 0 | 0 | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 8,557,722 | 0 | 0 | 0 | 8,557,722 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | 18,805 | 0 | 0 | 0 | 18,805 |
| 6.2 Applied to pay renewal premiums..... | 15,317 | 0 | 0 | 0 | 15,317 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | 119,744 | 0 | 0 | 0 | 119,744 |
| 6.4 Other..... | 1,924 | 0 | 0 | 0 | 1,924 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 155,790 | 0 | 0 | 0 | 155,790 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | 1,975 | 0 | 0 | 0 | 1,975 |
| 7.2 Applied to provide paid-up annuities..... | 0 | 0 | 0 | 0 | 0 |
| 7.3 Other..... | 0 | 0 | 0 | 0 | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 1,975 | 0 | 0 | 0 | 1,975 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 157,765 | 0 | 0 | 0 | 157,765 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 4,433,872 | 0 | 0 | 0 | 4,433,872 |
| 10. Matured endowments..... | 156,508 | 0 | 0 | 0 | 156,508 |
| 11. Annuity benefits..... | 480,639 | 0 | 0 | 0 | 480,639 |
| 12. Surrender values and withdrawals for life contracts..... | 11,086,803 | 0 | 0 | 0 | 11,086,803 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 15,056 | 0 | 0 | 0 | 15,056 |
| 14. All other benefits, except accident and health..... | 0 | 0 | 0 | 0 | 0 |
| 15. Totals..... | 16,172,878 | 0 | 0 | 0 | 16,172,878 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. Coupons paid..... | 15,056 | 0 | 0 | 0 | 15,056 |
| 1302. | 0 | 0 | 0 | 0 | 0 |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page..... | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)..... | 15,056 | 0 | 0 | 0 | 15,056 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------------|---|--------|--------------------|--------------------|------------|--------|---------|--------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year..... | 14 | 707,384 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 707,384 |
| 17. Incurred during current year..... | 328 | 4,483,465 | 0 | 0 | 0 | 0 | 0 | 0 | 328 | 4,483,465 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full ... | 333 | 4,590,380 | 0 | 0 | 0 | 0 | 0 | 0 | 333 | 4,590,380 |
| 18.2 By payment on compromised claims..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.3 Totals paid..... | 333 | 4,590,380 | 0 | 0 | 0 | 0 | 0 | 0 | 333 | 4,590,380 |
| 18.4 Reduction by compromise..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.5 Amount rejected..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.6 Total settlements..... | 333 | 4,590,380 | 0 | 0 | 0 | 0 | 0 | 0 | 333 | 4,590,380 |
| 19.Unpaid Dec. 31, current year (16+17-18.6)..... | 9 | 600,469 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 600,469 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year..... | 27,645 | 760,240,845 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 27,645 | 760,240,845 |
| 21. Issued during year..... | 44 | 3,534,522 | 0 | 0 | 0 | 0 | 0 | 0 | 44 | 3,534,522 |
| 22. Other changes to in force (Net)..... | (1,662) | (51,174,303) | 0 | 0 | 0 | 0 | 0 | 0 | (1,662) | (51,174,303) |
| 23. In force December 31 of current year..... | 26,027 | 712,601,064 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 26,027 | 712,601,064 |

(a) Includes Individual Credit Life Insurance: prior year \$ 0 current year \$ 0
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0 current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 current year \$ 0

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b)..... | 279,038,453 | 295,714,159 | 0 | 187,358,661 | 189,236,667 |
| 24.1Federal Employees Health Benefits Program premium (b)..... | 0 | 0 | 0 | 0 | 0 |
| 24.2Credit (Group and Individual)..... | 0 | 0 | 0 | 0 | 0 |
| 24.3Collectively Renewable policies (b)..... | 0 | 0 | 0 | 0 | 0 |
| 24.4Medicare Title XVIII exempt from state taxes or fees..... | 0 | 0 | 0 | 0 | 0 |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b)..... | 0 | 0 | 0 | 0 | 0 |
| 25.2Guaranteed renewable (b)..... | 17,912,608 | 17,456,887 | 0 | 10,693,603 | 10,709,199 |
| 25.3Non-renewable for stated reasons only (b)..... | 42,229 | 42,229 | 0 | 320,325 | 320,325 |
| 25.4Other accident only..... | 0 | 0 | 0 | 0 | 0 |
| 25.5All other (b)..... | 0 | 0 | 0 | 0 | 0 |
| 25.6Totals (sum of Lines 25.1 to 25.5)..... | 17,954,837 | 17,499,116 | 0 | 11,013,928 | 11,029,524 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 296,993,290 | 313,213,275 | 0 | 198,372,589 | 200,266,191 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 901,316 and number of persons insured under Indemnity only products 13,716



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Aliens

DURING THE YEAR 2009

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 70580

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 6,092 | 0 | 0 | 0 | 6,092 |
| 2. Annuity considerations | 0 | 0 | 0 | 0 | 0 |
| 3. Deposit-type contract funds | 0 | XXX | 0 | XXX | 0 |
| 4. Other considerations | 0 | 0 | 0 | 0 | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 6,092 | 0 | 0 | 0 | 6,092 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 0 | 0 | 0 | 0 | 0 |
| 6.2 Applied to pay renewal premiums | 0 | 0 | 0 | 0 | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 500 | 0 | 0 | 0 | 500 |
| 6.4 Other | 0 | 0 | 0 | 0 | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 500 | 0 | 0 | 0 | 500 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | 0 | 0 | 0 | 0 | 0 |
| 7.2 Applied to provide paid-up annuities | 0 | 0 | 0 | 0 | 0 |
| 7.3 Other | 0 | 0 | 0 | 0 | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 500 | 0 | 0 | 0 | 500 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | 0 | 0 | 0 | 0 |
| 10. Matured endowments | 0 | 0 | 0 | 0 | 0 |
| 11. Annuity benefits | 0 | 0 | 0 | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | 0 | 0 | 0 | 0 | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | 0 | 0 | 0 | 0 | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | 0 | 0 | 0 | 0 | 0 |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|---------|---|--------|--------------------|--------------------|------------|--------|-------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16.Unpaid December 31, prior year | 0 | 1,165 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,165 |
| 17. Incurred during current year | 0 | 277 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 277 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.2 By payment on compromised claims | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.5 Amount rejected | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.Unpaid Dec. 31, current year (16+17-18.6) | 0 | 1,442 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,442 |
| POLICY EXHIBIT | | | | | | No. of Policies | | | | |
| 20. In force December 31, prior year | 1 | 288,106 | (a) | 0 | 0 | 0 | 0 | 0 | 1 | 288,106 |
| 21. Issued during year | 0 | 385 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 385 |
| 22. Other changes to in force (Net) | 0 | (5,575) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (5,575) |
| 23. In force December 31 of current year | 1 | 282,916 | (a) | 0 | 0 | 0 | 0 | 0 | 1 | 282,916 |

(a) Includes Individual Credit Life Insurance: prior year \$ 0 current year \$ 0
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0 current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 current year \$ 0

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | 0 | 0 | 0 | 0 | 0 |
| 24.1Federal Employees Health Benefits Program premium (b) | 0 | 0 | 0 | 0 | 0 |
| 24.2Credit (Group and Individual) | 0 | 0 | 0 | 0 | 0 |
| 24.3Collectively Renewable policies (b) | 0 | 0 | 0 | 0 | 0 |
| 24.4Medicare Title XVIII exempt from state taxes or fees | 0 | 0 | 0 | 0 | 0 |
| Other Individual Policies: | | | | | |
| 25.1Non-cancelable (b) | 0 | 0 | 0 | 0 | 0 |
| 25.2Guaranteed renewable (b) | 0 | 0 | 0 | 0 | 0 |
| 25.3Non-renewable for stated reasons only (b) | 0 | 0 | 0 | 0 | 0 |
| 25.4Other accident only | 0 | 0 | 0 | 0 | 0 |
| 25.5All other (b) | 0 | 0 | 0 | 0 | 0 |
| 25.6Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under Indemnity only products 0

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

| | 1 Amount |
|--|-------------|
| 1. Reserve as of December 31, prior year | 449,921 |
| 2. Current year's realized pre-tax capital gains/(losses) of \$ transferred into the reserve net of taxes of \$ | 1,024,148 |
| 3. Adjustment for current year's liability gains/(losses) released from the reserve | 0 |
| 4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) | 1,474,069 |
| 5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) | 187,613 |
| 6. Reserve as of December 31, current year (Line 4 minus Line 5) | 1,286,456 |

Amortization

| | 1 Reserve as of December 31, Prior Year | 2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes | 3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve | 4 Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3) |
|---------------------------|--|---|---|--|
| Year of Amortization | | | | |
| 1. 2009 | 111,689 | 75,924 | 0 | 187,613 |
| 2. 2010 | 69,365 | 145,774 | 0 | 215,139 |
| 3. 2011 | 60,202 | 127,808 | 0 | 188,010 |
| 4. 2012 | 49,174 | 112,410 | 0 | 161,584 |
| 5. 2013 | 37,253 | 96,818 | 0 | 134,071 |
| 6. 2014 | 28,608 | 79,885 | 0 | 108,493 |
| 7. 2015 | 23,508 | 69,131 | 0 | 92,639 |
| 8. 2016 | 19,763 | 66,634 | 0 | 86,397 |
| 9. 2017 | 17,115 | 63,595 | 0 | 80,710 |
| 10. 2018 | 13,124 | 60,534 | 0 | 73,658 |
| 11. 2019 | 9,789 | 57,399 | 0 | 67,188 |
| 12. 2020 | 7,576 | 50,242 | 0 | 57,818 |
| 13. 2021 | 5,505 | 40,192 | 0 | 45,697 |
| 14. 2022 | 3,733 | 28,425 | 0 | 32,158 |
| 15. 2023 | 1,551 | 17,239 | 0 | 18,790 |
| 16. 2024 | 254 | 3,743 | 0 | 3,997 |
| 17. 2025 | 116 | (2,925) | 0 | (2,809) |
| 18. 2026 | 56 | (3,444) | 0 | (3,388) |
| 19. 2027 | 217 | (3,964) | 0 | (3,747) |
| 20. 2028 | 223 | (4,398) | 0 | (4,175) |
| 21. 2029 | 326 | (5,078) | 0 | (4,752) |
| 22. 2030 | 325 | (5,522) | 0 | (5,197) |
| 23. 2031 | 68 | (5,964) | 0 | (5,896) |
| 24. 2032 | (712) | (6,295) | 0 | (7,007) |
| 25. 2033 | (1,541) | (6,847) | 0 | (8,388) |
| 26. 2034 | (1,985) | (7,289) | 0 | (9,274) |
| 27. 2035 | (2,052) | (6,847) | 0 | (8,899) |
| 28. 2036 | (1,806) | (5,522) | 0 | (7,328) |
| 29. 2037 | (1,142) | (4,086) | 0 | (5,228) |
| 30. 2038 | (381) | (2,540) | 0 | (2,921) |
| 31. 2039 and Later | 0 | (884) | 0 | (884) |
| 32. Total (Lines 1 to 31) | 449,921 | 1,024,148 | 0 | 1,474,069 |

ASSET VALUATION RESERVE

| | Default Component | | | Equity Component | | | 7 Total Amount (Cols. 3+6) |
|---|-----------------------------------|---------------------|---------------------------|-------------------|---|---------------------------|----------------------------------|
| | 1 Other Than Mortgage Loans | 2 Mortgage Loans | 3 Total (Cols. 1+2) | 4 Common Stock | 5 Real Estate and Other Invested Assets | 6 Total (Cols. 4+5) | |
| 1. Reserve as of December 31, prior Year | 0 | 0 | 0 | 69,043 | 0 | 69,043 | 69,043 |
| 2. Realized capital gains/(losses) net of taxes-General Account | (150,579) | | (150,579) | | | 0 | (150,579) |
| 3. Realized capital gains/(losses) net of taxes-Separate Accounts | | | 0 | | | 0 | 0 |
| 4. Unrealized capital gains/(losses) net of deferred taxes-General Account | | | 0 | | | 0 | 0 |
| 5. Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts | | | 0 | | | 0 | 0 |
| 6. Capital gains credited/(losses charged) to contract benefits, payments or reserves | | | 0 | | | 0 | 0 |
| 7. Basic Contribution | 52,688 | 0 | 52,688 | 0 | 0 | 0 | 52,688 |
| 8. Accumulated Balances (Lines 1 through 5 - 6 + 7) | (97,891) | 0 | (97,891) | 69,043 | 0 | 69,043 | (28,848) |
| 9. Maximum Reserve | 256,336 | 0 | 256,336 | 0 | 0 | 0 | 256,336 |
| 10. Reserve Objective | 179,567 | 0 | 179,567 | 0 | 0 | 0 | 179,567 |
| 11. 20% of (Line 10 - Line 8) | 55,492 | 0 | 55,492 | (13,809) | 0 | (13,809) | 41,683 |
| 12. Balance before transfers (Lines 8 + 11) | (42,400) | 0 | (42,400) | 55,234 | 0 | 55,234 | 12,835 |
| 13. Transfers | | | 0 | | | 0 | XXX |
| 14. Voluntary contribution | | | 0 | | | 0 | 0 |
| 15. Adjustment down to maximum/up to Zero | 42,400 | | 42,400 | (55,234) | | (55,234) | (12,834) |
| 16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15) | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

| Line Num- ber | NAIC Designation | Description | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|---------------------|---------------------|---|---------------------------------|--|---------------------------------|--|--------------------|-----------------------|-------------------|-----------------------|-----------------|-----------------------|
| | | | Book/Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1+2+3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4x5) | Factor | Amount (Cols. 4x7) | Factor | Amount (Cols. 4x9) |
| LONG-TERM BONDS | | | | | | | | | | | | |
| 1 | | Exempt Obligations | 30,357,253 | .XXX | .XXX | 30,357,253 | .0.0000 | .0 | .0.0000 | .0 | .0.0000 | .0 |
| 2 | 1 | Highest Quality | 22,682,624 | .XXX | .XXX | 22,682,624 | .0.0004 | .9,073 | .0.0023 | .52,170 | .0.0030 | .68,048 |
| 3 | 2 | High Quality | 8,925,676 | .XXX | .XXX | 8,925,676 | .0.0019 | .16,959 | .0.0058 | .51,769 | .0.0090 | .80,331 |
| 4 | 3 | Medium Quality | 1,202,280 | .XXX | .XXX | 1,202,280 | .0.0093 | .11,181 | .0.0230 | .27,652 | .0.0340 | .40,878 |
| 5 | 4 | Low Quality | 450,730 | .XXX | .XXX | 450,730 | .0.0213 | .9,601 | .0.0530 | .23,889 | .0.0750 | .33,805 |
| 6 | 5 | Lower Quality | 70,000 | .XXX | .XXX | 70,000 | .0.0432 | .3,024 | .0.1100 | .7,700 | .0.1700 | .11,900 |
| 7 | 6 | In or Near Default | | .XXX | .XXX | .0 | .0.0000 | .0 | .0.2000 | .0 | .0.2000 | .0 |
| 8 | | Total Unrated Multi-class Securities Acquired by Conversion | | .XXX | .XXX | .0 | .XXX | | .XXX | | .XXX | |
| 9 | | Total Bonds (Sum of Lines 1 through 8) (Page 2, Line 1, Net Admitted Asset) | 63,688,563 | .XXX | .XXX | 63,688,563 | .XXX | 49,838 | .XXX | 163,180 | .XXX | 234,961 |
| PREFERRED STOCK | | | | | | | | | | | | |
| 10 | 1 | Highest Quality | | .XXX | .XXX | .0 | .0.0004 | .0 | .0.0023 | .0 | .0.0030 | .0 |
| 11 | 2 | High Quality | | .XXX | .XXX | .0 | .0.0019 | .0 | .0.0058 | .0 | .0.0090 | .0 |
| 12 | 3 | Medium Quality | | .XXX | .XXX | .0 | .0.0093 | .0 | .0.0230 | .0 | .0.0340 | .0 |
| 13 | 4 | Low Quality | | .XXX | .XXX | .0 | .0.0213 | .0 | .0.0530 | .0 | .0.0750 | .0 |
| 14 | 5 | Lower Quality | | .XXX | .XXX | .0 | .0.0432 | .0 | .0.1100 | .0 | .0.1700 | .0 |
| 15 | 6 | In or Near Default | | .XXX | .XXX | .0 | .0.0000 | .0 | .0.2000 | .0 | .0.2000 | .0 |
| 16 | | Affiliated Life with AVR | | .XXX | .XXX | .0 | .0.0000 | .0 | .0.0000 | .0 | .0.0000 | .0 |
| 17 | | Total Preferred Stocks (Sum of Lines 10 through 16) (Page 2, Line 2.1, Net Admitted Asset) | 0 | .XXX | .XXX | 0 | .XXX | 0 | .XXX | 0 | .XXX | 0 |
| SHORT-TERM BONDS | | | | | | | | | | | | |
| 18 | | Exempt Obligations | .813,924 | .XXX | .XXX | .813,924 | .0.0000 | .0 | .0.0000 | .0 | .0.0000 | .0 |
| 19 | 1 | Highest Quality | .7,124,805 | .XXX | .XXX | .7,124,805 | .0.0004 | .2,850 | .0.0023 | .16,387 | .0.0030 | .21,374 |
| 20 | 2 | High Quality | | .XXX | .XXX | .0 | .0.0019 | .0 | .0.0058 | .0 | .0.0090 | .0 |
| 21 | 3 | Medium Quality | | .XXX | .XXX | .0 | .0.0093 | .0 | .0.0230 | .0 | .0.0340 | .0 |
| 22 | 4 | Low Quality | | .XXX | .XXX | .0 | .0.0213 | .0 | .0.0530 | .0 | .0.0750 | .0 |
| 23 | 5 | Lower Quality | | .XXX | .XXX | .0 | .0.0432 | .0 | .0.1100 | .0 | .0.1700 | .0 |
| 24 | 6 | In or Near Default | | .XXX | .XXX | .0 | .0.0000 | .0 | .0.2000 | .0 | .0.2000 | .0 |
| 25 | | Total Short-term Bonds (Sum of Lines 18 through 24) | 7,938,729 | .XXX | .XXX | 7,938,729 | .XXX | 2,850 | .XXX | 16,387 | .XXX | 21,374 |

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

| Line Num- ber | NAIC Designation | Description | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | | |
|----------------------------|---|--|---------------------------------|--|---------------------------------|--|--------------------|-----------------------|-------------------|-----------------------|-----------------|-----------------------|--|
| | | | Book/Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1+2+3) | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | | | | | | Factor | Amount (Cols. 4x5) | Factor | Amount (Cols. 4x7) | Factor | Amount (Cols. 4x9) | |
| DERIVATIVE INSTRUMENTS | | | | | | | | | | | | | |
| 26 | 1 2 3 4 5 6 | Exchange Traded | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 | |
| 27 | | Highest Quality | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 | |
| 28 | | High Quality | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 | |
| 29 | | Medium Quality | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 | |
| 30 | | Low Quality | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 | |
| 31 | | Lower Quality | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 | |
| 32 | | In or Near Default | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 | |
| 33 | | Total Derivative Instruments | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 | |
| 34 | | Total (Lines 9 + 17 + 25 + 33) | 71,627,292 | XXX | XXX | 71,627,292 | XXX | 52,688 | XXX | 179,567 | XXX | 256,336 | |
| MORTGAGE LOANS | | | | | | | | | | | | | |
| In Good Standing: | | | | | | | | | | | | | |
| 35 | | Farm Mortgages | | | XXX | 0 | 0.0063 (a) | 0 | 0.0120 (a) | 0 | 0.0190 (a) | 0 | |
| 36 | | Residential Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 | |
| 37 | | Residential Mortgages - All Other | | | XXX | 0 | 0.0013 | 0 | 0.0030 | 0 | 0.0040 | 0 | |
| 38 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 | |
| 39 | | Commercial Mortgages - All Other | | | XXX | 0 | 0.0063 (a) | 0 | 0.0120 (a) | 0 | 0.0190 (a) | 0 | |
| 40 | | In Good Standing With Restructured Terms | | | XXX | 0 | 0.2800 (b) | 0 | 0.6200 (b) | 0 | 1.0000 (b) | 0 | |
| Overdue, Not in Process: | | | | | | | | | | | | | |
| 41 | | Farm Mortgages | | | XXX | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | 0 | |
| 42 | | Residential Mortgages - Insured of Guaranteed | | | XXX | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | 0 | |
| 43 | | Residential Mortgages - All Other | | | XXX | 0 | 0.0025 | 0 | 0.0058 | 0 | 0.0090 | 0 | |
| 44 | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | 0 | | |
| 45 | Commercial Mortgages - All Other | | | XXX | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | 0 | | |
| In Process of Foreclosure: | | | | | | | | | | | | | |
| 46 | Farm Mortgages | | | XXX | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | 0 | | |
| 47 | Residential Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | 0 | | |
| 48 | Residential Mortgages - All Other | | | XXX | 0 | 0.0000 | 0 | 0.0130 | 0 | 0.0130 | 0 | | |
| 49 | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | 0 | | |
| 50 | Commercial Mortgages - All Other | | | XXX | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | 0 | | |
| 51 | | Total Schedule B Mortgages (Sum of Lines 35 through 50) (Page 2, Line 3, Net Admitted Asset) | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 | |
| 52 | | Schedule DA Mortgages | | | XXX | 0 | (c) | 0 | (c) | 0 | (c) | 0 | |
| 53 | | Total Mortgage Loans on Real Estate (Lines 51 + 52) | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 | |

(a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | BASIC CONTRIBUTION | | RESERVE OBJECTIVE | | MAXIMUM RESERVE | |
|--|---------------------|---|---------------------------------|---|---------------------------------|--|--------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|
| | | | Book/Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Col. 1 + 2 + 3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4 x 5) | Factor | Amount (Cols. 4 x 7) | Factor | Amount (Cols. 4 x 9) |
| COMMON STOCK | | | | | | | | | | | | |
| 1 | | Unaffiliated Public | | XXX | XXX | 0 | 0.0000 | 0 | 0.1300 ^(d) | 0 | 0.1300 ^(d) | 0 |
| 2 | | Unaffiliated Private | | XXX | XXX | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| 3 | | Federal Home Loan Bank | | XXX | XXX | 0 | 0.0000 | 0 | 0.0050 | 0 | 0.0080 | 0 |
| 4 | | Affiliated Life with AVR | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| Affiliated Investment Subsidiary: | | | | | | | | | | | | |
| 5 | | Fixed Income Exempt Obligations | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 6 | | Fixed Income Highest Quality | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 7 | | Fixed Income High Quality | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 8 | | Fixed Income Medium Quality | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 9 | | Fixed Income Low Quality | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 10 | | Fixed Income Lower Quality | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 11 | | Fixed Income In or Near Default | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 12 | | Unaffiliated Common Stock Public | | | | 0 | 0.0000 | 0 | 0.1300 ^(d) | 0 | 0.1300 ^(d) | 0 |
| 13 | | Unaffiliated Common Stock Private | | | | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| 14 | | Mortgage Loans | | | | 0 | ^(c) | 0 | ^(c) | 0 | ^(c) | 0 |
| 15 | | Real Estate | | | | 0 | ^(e) | 0 | ^(e) | 0 | ^(e) | 0 |
| 16 | | Affiliated-Certain Other (See SVO Purposes and Procedures Manual) | | XXX | XXX | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 | 0 |
| 17 | | Affiliated - All Other | | XXX | XXX | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| 18 | | Total Common Stock (Sum of Lines 1 through 17)(Page 2, Line 2.2, Net Admitted Asset) | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| REAL ESTATE | | | | | | | | | | | | |
| 19 | | Home Office Property (General Account only) | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 | 0 |
| 20 | | Investment Properties | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 | 0 |
| 21 | | Properties Acquired in Satisfaction of Debt | | | | 0 | 0.0000 | 0 | 0.1100 | 0 | 0.1100 | 0 |
| 22 | | Total Real Estate (Sum of Lines 19 through 21) | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| OTHER INVESTED ASSETS | | | | | | | | | | | | |
| INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS | | | | | | | | | | | | |
| 23 | | Exempt Obligations | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 24 | 1 | Highest Quality | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 25 | 2 | High Quality | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 26 | 3 | Medium Quality | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 27 | 4 | Low Quality | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 28 | 5 | Lower Quality | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 29 | 6 | In or Near Default | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 30 | | Total with Bond characteristics (Sum of Lines 23 through 29) | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | BASIC CONTRIBUTION | | RESERVE OBJECTIVE | | MAXIMUM RESERVE | |
|--|---------------------|---|---------------------------------|---|---------------------------------|--|--------------------|-------------------------|-------------------|-------------------------|-----------------|-------------------------|
| | | | Book/Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Col. 1 + 2 + 3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4 x 5) | Factor | Amount (Cols. 4 x 7) | Factor | Amount (Cols. 4 x 9) |
| INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS | | | | | | | | | | | | |
| 31 | 1 | Highest Quality | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 32 | 2 | High Quality | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 33 | 3 | Medium Quality | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 34 | 4 | Low Quality | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 35 | 5 | Lower Quality | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 36 | 6 | In or Near Default | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 37 | | Affiliated Life with AVR | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 38 | | Total with Preferred Stock characteristics (Sum of Lines 31 through 37) | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS | | | | | | | | | | | | |
| 39 | | In Good Standing: | | | | | | | | | | |
| 40 | | Farm Mortgages | | | XXX | 0 | 0.0063 | 0 | 0.0120 | 0 | 0.0190 | 0 |
| 41 | | Residential Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 |
| 42 | | Residential Mortgages - All Other | | XXX | XXX | 0 | 0.0013 | 0 | 0.0030 | 0 | 0.0040 | 0 |
| 43 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 |
| 44 | | Commercial Mortgages - All Other | | | XXX | 0 | 0.0063 | 0 | 0.0120 | 0 | 0.0190 | 0 |
| | | | | | | | (a) | | (a) | | (a) | |
| 44 | | In Good Standing With Restructured Terms | | | XXX | 0 | 0.2800 | 0 | 0.6200 | 0 | 1.0000 | 0 |
| | | Overdue, Not in Process: | | | | | (b) | | (b) | | (b) | |
| 45 | | Farm Mortgages | | | XXX | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | 0 |
| 46 | | Residential Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | 0 |
| 47 | | Residential Mortgages - All Other | | | XXX | 0 | 0.0025 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 48 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | 0 |
| 49 | | Commercial Mortgages - All Other | | | XXX | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | 0 |
| | | In Process of Foreclosure: | | | | | | | | | | |
| 50 | | Farm Mortgages | | | XXX | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | 0 |
| 51 | | Residential Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | 0 |
| 52 | | Residential Mortgages - All Other | | | XXX | 0 | 0.0000 | 0 | 0.0130 | 0 | 0.0130 | 0 |
| 53 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | 0 |
| 54 | | Commercial Mortgages - All Other | | | XXX | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | 0 |
| 55 | | Total with Mortgage Loan Characteristics (Sum of Lines 39 through 54) | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | BASIC CONTRIBUTION | | RESERVE OBJECTIVE | | MAXIMUM RESERVE | |
|----------------|---------------------|---|---------------------------------|---|---------------------------------|--|--------------------|-------------------------|-------------------|-------------------------|-----------------|-------------------------|
| | | | Book/Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Col. 1 + 2 + 3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4 x 5) | Factor | Amount (Cols. 4 x 7) | Factor | Amount (Cols. 4 x 9) |
| | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCKS | | | | | | | | | | |
| 56 | | Unaffiliated Public | | XXX | XXX | 0 | 0.0000 | 0 | 0.1300 (d) | 0 | 0.1300 (d) | 0 |
| 57 | | Unaffiliated Private | | XXX | XXX | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| 58 | | Affiliated Life with AVR | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 59 | | Affiliated Certain Other (See SVO Purposes & Procedures Manual) | | XXX | XXX | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 | 0 |
| 60 | | Affiliated Other - All Other | | XXX | XXX | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| 61 | | Total with Common Stock Characteristics (Sum of Lines 56 through 60) | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE | | | | | | | | | | |
| 62 | | Home Office Property (General Account only) | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 | 0 |
| 63 | | Investment Properties | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 | 0 |
| 64 | | Properties Acquired in Satisfaction of Debt | | | | 0 | 0.0000 | 0 | 0.1100 | 0 | 0.1100 | 0 |
| 65 | | Total with Real Estate Characteristics (Lines 62 through 64) | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| | | LOW INCOME HOUSING TAX CREDIT INVESTMENTS | | | | | | | | | | |
| 66 | | Guaranteed Federal Low Income Housing Tax Credit | 0 | | | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 |
| 67 | | Non-guaranteed Federal Low Income Housing Tax Credit | 0 | | | 0 | 0.0063 | 0 | 0.0120 | 0 | 0.0190 | 0 |
| 68 | | State Low Income Housing Tax Credit | 0 | | | 0 | 0.0273 | 0 | 0.0600 | 0 | 0.0975 | 0 |
| 69 | | All Other Low Income Housing Tax Credit | 0 | | | 0 | 0.0273 | 0 | 0.0600 | 0 | 0.0975 | 0 |
| 70 | | Total LIHTC | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| | | ALL OTHER INVESTMENTS | | | | | | | | | | |
| 71 | | Other Invested Assets - Schedule BA | | XXX | | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 | 0 |
| 72 | | Other Short-term Invested Assets - Schedule DA | | XXX | | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 | 0 |
| 73 | | Total All Other (Sum of Lines 71 + 72) | 0 | XXX | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 74 | | Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73) | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |

(a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a Company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.
(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(e) Determined using same factors and breakdowns used for directly owned real estate.

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

| | | Total | | Group Accident and Health | | Credit Accident and Health (Group and Individual) | | Collectively Renewable | | Other Individual Contracts | | | | | | | | | |
|--|---|-------------|--------|---------------------------|--------|--|--------|------------------------|--------|----------------------------|---------|----------------------|---------|---------------------------------------|---------|---------------------|---------|--------------|---------|
| | | | | | | | | | | Non-Cancelable | | Guaranteed Renewable | | Non-Renewable for Stated Reasons Only | | Other Accident Only | | All Other | |
| | | 1 Amount | 2 % | 3 Amount | 4 % | 5 Amount | 6 % | 7 Amount | 8 % | 9 Amount | 10 % | 11 Amount | 12 % | 13 Amount | 14 % | 15 Amount | 16 % | 17 Amount | 18 % |
| PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS | | | | | | | | | | | | | | | | | | | |
| 1. | Premiums written | 296,635,740 | XXX | 278,729,968 | XXX | | XXX | | XXX | | XXX | 18,129,871 | XXX | (224,099) | XXX | | XXX | | XXX |
| 2. | Premiums earned | 295,216,210 | XXX | 277,759,322 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 17,456,888 | XXX | 0 | XXX | 0 | XXX | 0 | XXX |
| 3. | Incurred claims | 199,945,863 | 67.7 | 189,236,665 | 68.1 | | 0.0 | | 0.0 | | 0.0 | 10,709,198 | 61.3 | | 0.0 | | 0.0 | | 0.0 |
| 4. | Cost containment expenses | 677,856 | 0.2 | 591,268 | 0.2 | | 0.0 | | 0.0 | | 0.0 | 86,588 | 0.5 | | 0.0 | | 0.0 | | 0.0 |
| 5. | Incurred claims and cost containment expenses (Lines 3 and 4) | 200,623,719 | 68.0 | 189,827,933 | 68.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 10,795,786 | 61.8 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 6. | Increase in contract reserves | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 7. | Commissions (a) | 30,205,532 | 10.2 | 28,973,441 | 10.4 | | 0.0 | | 0.0 | | 0.0 | 1,232,091 | 7.1 | | 0.0 | | 0.0 | | 0.0 |
| 8. | Other general insurance expenses | 32,675,686 | 11.1 | 28,501,762 | 10.3 | | 0.0 | | 0.0 | | 0.0 | 4,173,924 | 23.9 | | 0.0 | | 0.0 | | 0.0 |
| 9. | Taxes, licenses and fees | 10,651,429 | 3.6 | 10,021,583 | 3.6 | | 0.0 | | 0.0 | | 0.0 | 629,846 | 3.6 | | 0.0 | | 0.0 | | 0.0 |
| 10. | Total other expenses incurred | 73,532,647 | 24.9 | 67,496,786 | 24.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 6,035,861 | 34.6 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 11. | Aggregate write-ins for deductions | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 12. | Gain from underwriting before dividends or refunds | 21,059,844 | 7.1 | 20,434,603 | 7.4 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 625,241 | 3.6 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 13. | Dividends or refunds | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 14. | Gain from underwriting after dividends or refunds | 21,059,844 | 7.1 | 20,434,603 | 7.4 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 625,241 | 3.6 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | | | | | | |
| 1101. | | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 1102. | | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 1103. | | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 1199. | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |

(a) Includes \$reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

| | 1 | 2 | 3 | 4 | Other Individual Contracts | | | | |
|---|-------------|---------------------------|-----------------------------------|------------------------|----------------------------|----------------------|---------------------------------------|---------------------|-----------|
| | | | | | 5 | 6 | 7 | 8 | 9 |
| | Total | Group Accident and Health | Credit A&H (Group and Individual) | Collectively Renewable | Non-Cancelable | Guaranteed Renewable | Non-Renewable for Stated Reasons Only | Other Accident Only | All Other |
| PART 2 - RESERVES AND LIABILITIES | | | | | | | | | |
| A. Premium Reserves: | | | | | | | | | |
| 1. Unearned premiums | 325,172 | | | | | 325,172 | | | |
| 2. Advance premiums | 6,847,790 | 6,499,979 | | | | 347,811 | | | |
| 3. Reserve for rate credits | 0 | | | | | | | | |
| 4. Total premium reserves, current year | 7,172,962 | 6,499,979 | 0 | 0 | 0 | 672,983 | 0 | 0 | 0 |
| 5. Total premium reserves, prior year | 5,753,432 | 5,529,333 | 0 | 0 | 0 | 0 | 224,099 | 0 | 0 |
| 6. Increase in total premium reserves | 1,419,530 | 970,646 | 0 | 0 | 0 | 672,983 | (224,099) | 0 | 0 |
| B. Contract Reserves: | | | | | | | | | |
| 1. Additional reserves (a) | 0 | | | | | | | | |
| 2. Reserve for future contingent benefits | 0 | | | | | | | | |
| 3. Total contract reserves, current year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Total contract reserves, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Increase in contract reserves | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C. Claim Reserves and Liabilities: | | | | | | | | | |
| 1. Total current year | 17,551,142 | 17,088,965 | | | | 462,177 | | | |
| 2. Total prior year | 15,657,544 | 15,210,962 | 0 | 0 | 0 | 0 | 446,582 | 0 | 0 |
| 3. Increase | 1,893,598 | 1,878,003 | 0 | 0 | 0 | 462,177 | (446,582) | 0 | 0 |
| PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES | | | | | | | | | |
| 1. Claims paid during the year: | | | | | | | | | |
| 1.1 On claims incurred prior to current year | 13,896,568 | 13,526,942 | | | | 369,626 | | | |
| 1.2 On claims incurred during current year | 184,155,696 | 173,831,719 | | | | 9,877,395 | 446,582 | | |
| 2. Claim reserves and liabilities, December 31, current year: | | | | | | | | | |
| 2.1 On claims incurred prior to current year | 619,499 | 618,415 | | | | 1,084 | | | |
| 2.2 On claims incurred during current year | 16,931,643 | 16,470,550 | | | | 461,093 | | | |
| 3. Test: | | | | | | | | | |
| 3.1 Line 1.1 and 2.1 | 14,516,067 | 14,145,357 | 0 | 0 | 0 | 370,710 | 0 | 0 | 0 |
| 3.2 Claim reserves and liabilities, December 31, prior year | 15,657,544 | 15,210,962 | 0 | 0 | 0 | 0 | 446,582 | 0 | 0 |
| 3.3 Line 3.1 minus Line 3.2 | (1,141,477) | (1,065,605) | 0 | 0 | 0 | 370,710 | (446,582) | 0 | 0 |
| PART 4 - REINSURANCE | | | | | | | | | |
| A. Reinsurance Assumed: | | | | | | | | | |
| 1. Premiums written | 0 | | | | | | | | |
| 2. Premiums earned | 0 | | | | | | | | |
| 3. Incurred claims | 0 | | | | | | | | |
| 4. Commissions | 0 | | | | | | | | |
| B. Reinsurance Ceded: | | | | | | | | | |
| 1. Premiums written | 42,229 | 42,229 | | | | | | | |
| 2. Premiums earned | 42,229 | 42,229 | | | | | | | |
| 3. Incurred claims | 320,893 | 320,893 | | | | | | | |
| 4. Commissions | 0 | | | | | | | | |

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

| | 1 Medical | 2 Dental | 3 Other | 4 Total |
|--|--------------|-------------|------------|-------------|
| A. Direct: | | | | |
| 1. Incurred Claims..... | 320,893 | 199,945,295 | | 200,266,188 |
| 2. Beginning claim reserves and liabilities..... | 6,497 | 15,657,544 | 0 | 15,664,041 |
| 3. Ending claim reserves and liabilities..... | 5,866 | 17,551,142 | | 17,557,008 |
| 4. Claims paid..... | 321,524 | 198,051,697 | 0 | 198,373,221 |
| B. Assumed Reinsurance: | | | | |
| 5. Incurred Claims..... | | | | 0 |
| 6. Beginning claim reserves and liabilities..... | 0 | 0 | 0 | 0 |
| 7. Ending claim reserves and liabilities..... | | | | 0 |
| 8. Claims paid..... | 0 | 0 | 0 | 0 |
| C. Ceded Reinsurance: | | | | |
| 9. Incurred Claims..... | 320,893 | | | 320,893 |
| 10. Beginning claim reserves and liabilities..... | 6,497 | 0 | 0 | 6,497 |
| 11. Ending claim reserves and liabilities..... | 5,866 | | | 5,866 |
| 12. Claims paid..... | 321,524 | 0 | 0 | 321,524 |
| D. Net: | | | | |
| 13. Incurred Claims..... | 0 | 199,945,295 | 0 | 199,945,295 |
| 14. Beginning claim reserves and liabilities..... | 0 | 15,657,544 | 0 | 15,657,544 |
| 15. Ending claim reserves and liabilities..... | 0 | 17,551,142 | 0 | 17,551,142 |
| 16. Claims paid..... | 0 | 198,051,697 | 0 | 198,051,697 |
| E. Net Incurred Claims and Cost Containment Expenses: | | | | |
| 17. Incurred claims and cost containment expenses..... | | 200,623,719 | | 200,623,719 |
| 18. Beginning reserves and liabilities..... | 0 | 15,657,544 | 0 | 15,657,544 |
| 19. Ending reserves and liabilities..... | | 17,551,142 | | 17,551,142 |
| 20. Paid claims and cost containment expenses | 0 | 198,730,121 | 0 | 198,730,121 |

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Company | 5 Location | 6 Type of Re- insurance Ceded | 7 Amount in Force at End of Year | Reserve Credit Taken | | 10 Premiums | Outstanding Surplus Relief | | 13 Modified Coinsurance Reserve | 14 Funds Withheld Under Coinsurance |
|---|---------------------------|------------------------|--------------------------------|---------------|--|--|----------------------|-----------------|----------------|----------------------------|------------------|--|--|
| | | | | | | | 8 Current Year | 9 Prior Year | | 11 Current Year | 12 Prior Year | | |
| Authorized General Account - Non-Affiliates | | | | | | | | | | | | | |
| 68136 | 63-0169720 | 04/01/1999 | PROTECTIVE LIFE INSURANCE COMP | NASHVILLE, TN | C0/I | 712,596,000 | 200,294,062 | 204,072,725 | 8,802,104 | | | | |
| 0299999 - Total Authorized General Account - Non-Affiliates | | | | | | 712,596,000 | 200,294,062 | 204,072,725 | 8,802,104 | 0 | 0 | 0 | 0 |
| 0399999 - Total Authorized General Account | | | | | | 712,596,000 | 200,294,062 | 204,072,725 | 8,802,104 | 0 | 0 | 0 | 0 |
| 0799999 - Total Authorized and Unauthorized General Account | | | | | | 712,596,000 | 200,294,062 | 204,072,725 | 8,802,104 | 0 | 0 | 0 | 0 |
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SCHEDULE S - PART 3 - SECTION 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

[illegible]

SCHEDULE S - PART 5

| Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED) | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| | 1 2009 | 2 2008 | 3 2007 | 4 2006 | 5 2005 |
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums and annuity considerations for life and accident and health contracts | 8,844 | 9,513 | 10,076 | 10,790 | 11,688 |
| 2. Commissions and reinsurance expense allowances | 0 | 0 | 0 | 0 | 0 |
| 3. Contract claims | 18,115 | 20,840 | 25,245 | 20,698 | 19,549 |
| 4. Surrender benefits and withdrawals for life contracts | | 0 | 0 | 0 | 0 |
| 5. Dividends to policyholders | | 0 | 0 | 0 | 0 |
| 6. Reserve adjustments on reinsurance ceded | 0 | 0 | 0 | 0 | 0 |
| 7. Increase in aggregate reserve for life and accident and health contracts | | 0 | 0 | 0 | 0 |
| B. BALANCE SHEET ITEMS | | | | | |
| 8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate reserves for life and accident and health contracts | 200,368 | 204,142 | 209,691 | 217,785 | 224,157 |
| 10. Liability for deposit-type contracts | 3,867 | 3,973 | 4,003 | 0 | 0 |
| 11. Contract claims unpaid | 606 | 714 | 1,114 | 845 | 748 |
| 12. Amounts recoverable on reinsurance | 0 | 0 | 0 | 0 | 0 |
| 13. Experience rating refunds due or unpaid | | 0 | 0 | 0 | 0 |
| 14. Policyholders' dividends (not included in Line 10) | | 0 | 0 | 0 | 0 |
| 15. Commissions and reinsurance expense allowances unpaid | | 0 | 0 | 0 | 0 |
| 16. Unauthorized reinsurance offset | 0 | 0 | 0 | 0 | 0 |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 |
| 18. Letters of credit (L) | 0 | 0 | 0 | 0 | 0 |
| 19. Trust agreements (T) | 0 | 0 | 0 | 0 | 0 |
| 20. Other (O) | 0 | 0 | 0 | 0 | 0 |

SCHEDULE S - PART 6

| Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance | | | |
|--|------------------------------------|---------------------------------|-----------------------------------|
| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 10) | 87,344,083 | | 87,344,083 |
| 2. Reinsurance (Line 14) | 0 | 0 | 0 |
| 3. Premiums and considerations (Line 13) | 1,214,895 | 0 | 1,214,895 |
| 4. Net credit for ceded reinsurance | XXX | 200,974,795 | 200,974,795 |
| 5. All other admitted assets (balance) | 3,733,629 | | 3,733,629 |
| 6. Total assets excluding Separate Accounts (Line 24) | 92,292,607 | 200,974,795 | 293,267,402 |
| 7. Separate Account assets (Line 25) | 0 | | 0 |
| 8. Total assets (Line 26) | 92,292,607 | 200,974,795 | 293,267,402 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 9. Contract reserves (Lines 1 and 2) | 323,175 | 200,368,465 | 200,691,640 |
| 10. Liability for deposit-type contracts (Line 3) | 0 | | 0 |
| 11. Claim reserves (Line 4) | 17,550,143 | 606,330 | 18,156,473 |
| 12. Policyholder dividends/reserves (Lines 5 through 7) | 0 | | 0 |
| 13. Premium & annuity considerations received in advance (Line 8) | 6,847,790 | 0 | 6,847,790 |
| 14. Other contract liabilities (Line 9) | 1,286,456 | | 1,286,456 |
| 15. Reinsurance in unauthorized companies (Line 24.2) | 0 | 0 | 0 |
| 16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3) | 0 | 0 | 0 |
| 17. All other liabilities (balance) | 7,876,828 | | 7,876,828 |
| 18. Total liabilities excluding Separate Accounts (Line 26) | 33,884,392 | 200,974,795 | 234,859,187 |
| 19. Separate Account liabilities (Line 27) | 0 | | 0 |
| 20. Total liabilities (Line 28) | 33,884,392 | 200,974,795 | 234,859,187 |
| 21. Capital & surplus (Line 38) | 58,408,215 | XXX | 58,408,215 |
| 22. Total liabilities, capital & surplus (Line 39) | 92,292,607 | 200,974,795 | 293,267,402 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 23. Contract reserves | 200,368,465 | | |
| 24. Claim reserves | 606,330 | | |
| 25. Policyholder dividends/reserves | 0 | | |
| 26. Premium & annuity considerations received in advance | 0 | | |
| 27. Liability for deposit-type contracts | 0 | | |
| 28. Other contract liabilities | 0 | | |
| 29. Reinsurance ceded assets | 0 | | |
| 30. Other ceded reinsurance recoverables | 0 | | |
| 31. Total ceded reinsurance recoverables | 200,974,795 | | |
| 32. Premiums and considerations | 0 | | |
| 33. Reinsurance in unauthorized companies | 0 | | |
| 34. Funds held under reinsurance treaties with unauthorized reinsurers | 0 | | |
| 35. Other ceded reinsurance payables/offsets | 0 | | |
| 36. Total ceded reinsurance payable/offsets | 0 | | |
| 37. Total net credit for ceded reinsurance | 200,974,795 | | |

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

| | | Direct Business Only | | | | | |
|------------------------------------|----------|--------------------------------|----------------------------------|---|--|------------------------|-----------|
| | | 1 | 2 | 3 | 4 | 5 | 6 |
| States, Etc. | | Life (Group and Individual) | Annuities (Group and Individual) | Disability Income (Group and Individual) | Long-Term Care (Group and Individual) | Deposit-Type Contracts | Totals |
| 1. Alabama | AL | 44,637 | 16,040 | | | 0 | 60,677 |
| 2. Alaska | AK | 2,490 | 0 | | | 0 | 2,490 |
| 3. Arizona | AZ | 34,392 | 18,357 | | | 0 | 52,749 |
| 4. Arkansas | AR | 26,879 | 20,021 | | | 0 | 46,900 |
| 5. California | CA | 255,994 | 86,937 | | | 0 | 342,931 |
| 6. Colorado | CO | 25,985 | 16,519 | | | 0 | 42,504 |
| 7. Connecticut | CT | 10,780 | 5,505 | | | 0 | 16,285 |
| 8. Delaware | DE | 14,128 | 6,383 | | | 0 | 20,511 |
| 9. District of Columbia | DC | 78,008 | 12,140 | | | 0 | 90,148 |
| 10. Florida | FL | 423,822 | 90,373 | | | 0 | 514,195 |
| 11. Georgia | GA | 127,348 | 39,679 | | | 0 | 167,027 |
| 12. Hawaii | HI | 2,981 | 18,539 | | | 0 | 21,520 |
| 13. Idaho | ID | 2,425 | 1,129 | | | 0 | 3,554 |
| 14. Illinois | IL | 252,249 | 176,204 | | | 0 | 428,453 |
| 15. Indiana | IN | 248,125 | 33,205 | | | 0 | 281,330 |
| 16. Iowa | IA | 20,913 | 8,932 | | | 0 | 29,845 |
| 17. Kansas | KS | 4,521 | 1,161 | | | 0 | 5,682 |
| 18. Kentucky | KY | 54,058 | 21,754 | | | 0 | 75,812 |
| 19. Louisiana | LA | 29,010 | 4,379 | | | 0 | 33,389 |
| 20. Maine | ME | 3,284 | 2,218 | | | 0 | 5,502 |
| 21. Maryland | MD | 801,703 | 424,050 | | | 0 | 1,225,753 |
| 22. Massachusetts | MA | 215,155 | 54,935 | | | 0 | 270,090 |
| 23. Michigan | MI | 411,432 | 92,949 | | | 0 | 504,381 |
| 24. Minnesota | MN | 121,143 | 6,213 | | | 0 | 127,356 |
| 25. Mississippi | MS | 23,968 | 4,899 | | | 0 | 28,867 |
| 26. Missouri | MO | 26,815 | 12,350 | | | 0 | 39,165 |
| 27. Montana | MT | 4,681 | 1,052 | | | 0 | 5,733 |
| 28. Nebraska | NE | 16,777 | 5,045 | | | 0 | 21,822 |
| 29. Nevada | NV | 13,387 | 1,851 | | | 0 | 15,238 |
| 30. New Hampshire | NH | 23,974 | 10,433 | | | 0 | 34,407 |
| 31. New Jersey | NJ | 371,068 | 145,112 | | | 0 | 516,180 |
| 32. New Mexico | NM | 4,201 | 1,014 | | | 0 | 5,215 |
| 33. New York | NY | 25,135 | 9,687 | | | 0 | 34,822 |
| 34. North Carolina | NC | 172,228 | 31,334 | | | 0 | 203,562 |
| 35. North Dakota | ND | 543 | 0 | | | 0 | 543 |
| 36. Ohio | OH | 896,278 | 190,616 | | | 0 | 1,086,894 |
| 37. Oklahoma | OK | 5,000 | 2,371 | | | 0 | 7,371 |
| 38. Oregon | OR | 6,495 | 1,999 | | | 0 | 8,494 |
| 39. Pennsylvania | PA | 356,796 | 151,372 | | | 0 | 508,168 |
| 40. Rhode Island | RI | 7,428 | 2,774 | | | 0 | 10,202 |
| 41. South Carolina | SC | 46,606 | 20,322 | | | 0 | 66,928 |
| 42. South Dakota | SD | 6,185 | 393 | | | 0 | 6,578 |
| 43. Tennessee | TN | 51,136 | 14,708 | | | 0 | 65,844 |
| 44. Texas | TX | 109,269 | 185,293 | | | 0 | 294,562 |
| 45. Utah | UT | 20,488 | 5,221 | | | 0 | 25,709 |
| 46. Vermont | VT | 2,125 | 1,256 | | | 0 | 3,381 |
| 47. Virginia | VA | 136,280 | 50,481 | | | 0 | 186,761 |
| 48. Washington | WA | 8,949 | 1,973 | | | 0 | 10,922 |
| 49. West Virginia | WV | 13,455 | 2,833 | | | 0 | 16,288 |
| 50. Wisconsin | WI | 800,763 | 172,147 | | | 0 | 972,910 |
| 51. Wyoming | WY | 4,978 | 0 | | | 0 | 4,978 |
| 52. American Samoa | AS | 0 | 0 | | | 0 | 0 |
| 53. Guam | GU | 0 | 0 | | | 0 | 0 |
| 54. Puerto Rico | PR | 184 | 0 | | | 0 | 184 |
| 55. U.S. Virgin Islands | VI | 0 | 0 | | | 0 | 0 |
| 56. Northern Mariana Islands | MP | 0 | 0 | | | 0 | 0 |
| 57. Canada | CN | 289 | 255 | | | 0 | 544 |
| 58. Aggregate Other Alien | OT | 6,092 | 272 | | | 0 | 6,364 |
| 59. Totals | | 6,373,035 | 2,184,685 | 0 | 0 | 0 | 8,557,720 |

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------|----------------------|--|--------------------------|--------------------------|--|---|---|---|----|--|---------------|--|
| NAIC Company Code | Federal ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 69671 | 61-1041514 | Humana Health Insurance Co FL, Inc. | | | | | 81,505,227 | 216,891,436 | | | 298,396,663 | |
| 00000 | 61-1343508 | Humana Marketpoint, Inc. | | | | | 341,412,037 | | | | 341,412,037 | |
| 00000 | 61-1241225 | Humana Military Healthcare Services, Inc. | | | | | (27,714,050) | | | | (27,714,050) | |
| 95270 | 61-1103898 | Humana Medical Plan, Inc. | 192,000,000 | | | | (460,301,279) | (216,891,436) | | | (485,192,715) | |
| 95885 | 61-1013183 | Humana Health Plan, Inc. | | | | | (230,069,062) | (136,149,966) | | | (366,219,028) | |
| 95348 | 31-1154200 | Humana Health Plan of Ohio, Inc. | 4,000,000 | | | | (26,985,622) | (242,815,788) | | | (265,801,410) | |
| 95024 | 61-0994632 | Humana Health Plan of Texas, Inc. | 5,000,000 | | | | (44,161,965) | (354,991,822) | | | (394,153,787) | |
| 54739 | 52-1157181 | The Dental Concern, Inc. | 800,000 | | | | (2,227,063) | | | | (1,427,063) | |
| 00000 | 61-0647538 | Humana Inc. | (774,050,000) | 131,917,329 | | | 962,812,926 | | | | 320,680,255 | |
| 00000 | 61-1232669 | Managed Care Indemnity, Inc. | 60,000,000 | | | | 28,900,000 | | | | 88,900,000 | |
| 00000 | 61-1223418 | Health Value Management, Inc. | | | | | (32,474,293) | | | | (32,474,293) | |
| 95342 | 39-1525003 | Humana WI Health Org. Insurance Corp. | 5,000,000 | | | | (19,167,007) | (99,206,956) | | | (113,373,963) | |
| 73288 | 39-1263473 | Humana Insurance Company | 320,000,000 | | | | (287,554,482) | 980,419,339 | | | 1,012,864,857 | |
| 52028 | 39-3654697 | The Dental Concern, Ltd. | 250,000 | | | | 61,278 | | | | 311,278 | |
| 95519 | 58-2209549 | Humana Employers Health Plan of GA, Inc. | | | | | (22,517,369) | (147,254,807) | | | (169,772,176) | |
| 70580 | 39-0714280 | HumanaDental Insurance Company | 22,000,000 | | | | (19,833,268) | | | | 2,166,732 | |
| 88595 | 31-0935772 | Emphesys Insurance Company | | | | | (253,417) | | | | (253,417) | |
| 60219 | 61-1311605 | Humana Insurance Company of Kentucky | | | | | (1,962,379) | | | | (1,962,379) | |
| 00000 | 66-0291866 | PCA Insurance Group of Puerto Rico, Inc. | | | | | (457,144) | | | | (457,144) | |
| 00000 | 66-0406896 | PCA Health Plans of Puerto Rico, Inc. | | | | | (1,249,422) | | | | (1,249,422) | |
| 95642 | 72-1279235 | Humana Health Benefit Plan of LA, Inc. | | | | | (107,975,007) | | | | (107,975,007) | |
| 95092 | 59-2598550 | CarePlus Health Plans, Inc. | 20,000,000 | | | | (45,824,648) | | | | (25,824,648) | |
| 12634 | 20-2888723 | Humana Insurance Company of New York | | | | | (17,456,353) | | | | (17,456,353) | |
| 95158 | 61-1279717 | CHA HMO | | | | | 204,894 | | | | 204,894 | |
| 00000 | 61-1383567 | HUM-e-FL, Inc. | | | | | | | | | 0 | |
| 00000 | 20-3364857 | Humana MarketPOINT of Puerto Rico, Inc. | | | | | | | | | 0 | |
| 00000 | 58-93028 | Humana Health Enterprises UK Ltd. | | (12,917,329) | | | | | | | (12,917,329) | |
| 00000 | 26-0010657 | CAC-Florida Medical Centers, LLC | | | | | (4,469,037) | | | | (4,469,037) | |
| 00000 | 61-1316926 | Humana Pharmacy, Inc. | | | | | (2,951,357) | | | | (2,951,357) | |
| 00000 | 61-1343791 | Humana Innovation Enterprises, Inc. | | | | | (2,419) | | | | (2,419) | |
| 00000 | 20-2620891 | Green Ribbon Health, LLC | | | | | 14,454 | | | | 14,454 | |
| 00000 | 75-2043865 | Corphealth, Inc. | | | | | (2,398,613) | | | | (2,398,613) | |
| 00000 | 20-1377270 | KWG America Corporation | | (115,000,000) | | | | | | | (115,000,000) | |
| 65110 | 57-0380426 | Kanawha Insurance Co. | | | | | (5,516,153) | | | | (5,516,153) | |
| 00000 | 74-2352809 | Texas Dental Plans, Inc. | | | | | (33,943) | | | | (33,943) | |
| 12908 | 20-8411422 | Humana Medical Plan of Utah | | | | | (489,382) | | | | (489,382) | |
| 95107 | 56-1796975 | American Dental Plan of NC | | | | | (133,922) | | | | (133,922) | |
| 11559 | 58-2302163 | American Dental Providers of AR | | | | | (38,054) | | | | (38,054) | |
| 12250 | 63-1063101 | CompBenefits of Alabama | 500,000 | | | | (75,037) | | | | 424,963 | |
| 52015 | 59-2531815 | CompBenefits Company | | | | | (21,690,097) | | | | (21,690,097) | |
| 95161 | 76-0039628 | DentiCare, Inc. | 2,000,000 | | | | (4,576,771) | | | | (2,576,771) | |
| 11228 | 36-3686002 | CompBenefits Dental, Inc. | 1,500,000 | | | | (3,522,624) | | | | (2,022,624) | |

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51.1

51.1

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

| | Responses |
|---|---------------|
| MARCH FILING | |
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? |YES..... |
| 4. Will an actuarial opinion be filed by March 1? |YES..... |
| APRIL FILING | |
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 8. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| JUNE FILING | |
| 9. Will an audited financial report be filed by June 1? | |
| 10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

| | |
|--|---------------|
| MARCH FILING | |
| 11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 12. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 13. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed by March 1? |YES..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed by March 1? |YES..... |
| 16. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? |YES..... |
| 17. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? |YES..... |
| 18. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? |YES..... |
| 19. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? |YES..... |
| 20. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? |YES..... |
| 21. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? |YES..... |
| 22. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? |YES..... |
| 23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? |YES..... |
| 24. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? |YES..... |
| 25. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? |YES..... |
| 26. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? |YES..... |
| 27. Will the Workers' Compensation Carve-Out Supplement be filed by March 1? |NO..... |
| 28. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? |YES..... |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

29. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?NO.....

APRIL FILING

30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....

31. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?

32. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?NO.....

33. Will the Accident and Health Policy Experience Exhibit be filed by April 1?YES.....

Explanation:

11.This type of business is not written.

12.This type of business is not written.

13.This type of business is not written.

27.This type of business is not written.

29.This type of business is not written.

30.This type of business is not written.

32.This type of business is not written.

Bar code:

11. 
7 0 5 8 0 2 0 0 9 4 2 0 0 0 0 0 0

12. 
7 0 5 8 0 2 0 0 9 3 6 0 5 9 0 0 0

13. 
7 0 5 8 0 2 0 0 9 4 9 0 0 0 0 0 0

27. 
7 0 5 8 0 2 0 0 9 4 9 5 0 0 0 0 0

29. 
7 0 5 8 0 2 0 0 9 3 6 5 0 0 0 0 0

30. 
7 0 5 8 0 2 0 0 9 3 0 6 0 0 0 0 0

32. 
7 0 5 8 0 2 0 0 9 2 3 0 5 9 0 0 0

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

SCHEDULE O SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2009

(To Be Filed By March 1)

Of The HumanaDental Insurance Company
Address (City, State and Zip Code) DePere, WI 54115
NAIC Group Code 0119 NAIC Company Code 70580 Employer's ID Number 39-0714280

SUPPLEMENTAL SCHEDULE O – PART 1

Development of Incurred Losses
(\$000 OMITTED)
Section A–Group Accident and Health

| Year in Which Losses Were Incurred | Net Amounts Paid Policyholders | | | | |
|------------------------------------|--------------------------------|-----------|-----------|-----------|--------------|
| | 1 2005 | 2 2006 | 3 2007 | 4 2008 | 5 2009(a) |
| 1. Prior | .0 | .0 | .0 | .0 | .0 |
| 2. 2005 | 124,358 | 13,955 | 244 | .4 | .0 |
| 3. 2006 | .xxx | 154,191 | 13,901 | .188 | .3 |
| 4. 2007 | .xxx | .xxx | 175,192 | 11,287 | .277 |
| 5. 2008 | .xxx | .xxx | .xxx | 177,612 | 13,247 |
| 6. 2009 | .xxx | .xxx | .xxx | .xxx | 173,832 |

Section B–Other Accident and Health

| | | | | | |
|----------|------|-------|--------|-------|--------|
| 1. Prior | .0 | .0 | .0 | .0 | .0 |
| 2. 2005 | 250 | 47 | .0 | .0 | .0 |
| 3. 2006 | .xxx | 1,657 | .177 | .0 | .0 |
| 4. 2007 | .xxx | .xxx | 18,196 | .167 | .5 |
| 5. 2008 | .xxx | .xxx | .xxx | 7,082 | .374 |
| 6. 2009 | .xxx | .xxx | .xxx | .xxx | 10,324 |

Section C–Credit Accident and Health

| | | | | | |
|----------|------|------|------|------|----|
| 1. Prior | .0 | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | .xxx | .0 | .0 | .0 | .0 |
| 4. 2007 | .xxx | .xxx | .0 | .0 | .0 |
| 5. 2008 | .xxx | .xxx | .xxx | .0 | .0 |
| 6. 2009 | .xxx | .xxx | .xxx | .xxx | .0 |

Section D -

| | | | | | |
|----------|------|------|------|------|----|
| 1. Prior | .0 | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | .xxx | .0 | .0 | .0 | .0 |
| 4. 2007 | .xxx | .xxx | .0 | .0 | .0 |
| 5. 2008 | .xxx | .xxx | .xxx | .0 | .0 |
| 6. 2009 | .xxx | .xxx | .xxx | .xxx | .0 |

Section E -

| | | | | | |
|----------|------|------|------|------|----|
| 1. Prior | .0 | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | .xxx | .0 | .0 | .0 | .0 |
| 4. 2007 | .xxx | .xxx | .0 | .0 | .0 |
| 5. 2008 | .xxx | .xxx | .xxx | .0 | .0 |
| 6. 2009 | .xxx | .xxx | .xxx | .xxx | .0 |

Section F-

| | | | | | |
|----------|------|------|------|------|----|
| 1. Prior | .0 | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | .xxx | .0 | .0 | .0 | .0 |
| 4. 2007 | .xxx | .xxx | .0 | .0 | .0 |
| 5. 2008 | .xxx | .xxx | .xxx | .0 | .0 |
| 6. 2009 | .xxx | .xxx | .xxx | .xxx | .0 |

Section G-

| | | | | | |
|----------|------|------|------|------|----|
| 1. Prior | .0 | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | .xxx | .0 | .0 | .0 | .0 |
| 4. 2007 | .xxx | .xxx | .0 | .0 | .0 |
| 5. 2008 | .xxx | .xxx | .xxx | .0 | .0 |
| 6. 2009 | .xxx | .xxx | .xxx | .xxx | .0 |

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Net Amounts Paid for Cost Containment Expenses | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2005 | 2 2006 | 3 2007 | 4 2008 | 5 2009 |
| 1. Prior | XXX | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | XXX | .0 | .0 | .0 | .0 |
| 4. 2007 | XXX | XXX | .0 | .0 | .0 |
| 5. 2008 | XXX | XXX | XXX | .0 | .0 |
| 6. 2009 | XXX | XXX | XXX | XXX | 591 |

Section B - Other Accident and Health

| | | | | | |
|----------|-----|-----|-----|-----|----|
| 1. Prior | XXX | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | XXX | .0 | .0 | .0 | .0 |
| 4. 2007 | XXX | XXX | .0 | .0 | .0 |
| 5. 2008 | XXX | XXX | XXX | .0 | .0 |
| 6. 2009 | XXX | XXX | XXX | XXX | 87 |

Section C - Credit Accident and Health

| | | | | | |
|----------|-----|-----|-----|-----|----|
| 1. Prior | XXX | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | XXX | .0 | .0 | .0 | .0 |
| 4. 2007 | XXX | XXX | .0 | .0 | .0 |
| 5. 2008 | XXX | XXX | XXX | .0 | .0 |
| 6. 2009 | XXX | XXX | XXX | XXX | 0 |

Section D-

| | | | | | |
|----------|-----|-----|-----|-----|----|
| 1. Prior | XXX | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | XXX | .0 | .0 | .0 | .0 |
| 4. 2007 | XXX | XXX | .0 | .0 | .0 |
| 5. 2008 | XXX | XXX | XXX | .0 | .0 |
| 6. 2009 | XXX | XXX | XXX | XXX | 0 |

Section E-

| | | | | | |
|----------|-----|-----|-----|-----|----|
| 1. Prior | XXX | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | XXX | .0 | .0 | .0 | .0 |
| 4. 2007 | XXX | XXX | .0 | .0 | .0 |
| 5. 2008 | XXX | XXX | XXX | .0 | .0 |
| 6. 2009 | XXX | XXX | XXX | XXX | 0 |

Section F-

| | | | | | |
|----------|-----|-----|-----|-----|----|
| 1. Prior | XXX | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | XXX | .0 | .0 | .0 | .0 |
| 4. 2007 | XXX | XXX | .0 | .0 | .0 |
| 5. 2008 | XXX | XXX | XXX | .0 | .0 |
| 6. 2009 | XXX | XXX | XXX | XXX | 0 |

Section G-

| | | | | | |
|----------|-----|-----|-----|-----|----|
| 1. Prior | XXX | .0 | .0 | .0 | .0 |
| 2. 2005 | .0 | .0 | .0 | .0 | .0 |
| 3. 2006 | XXX | .0 | .0 | .0 | .0 |
| 4. 2007 | XXX | XXX | .0 | .0 | .0 |
| 5. 2008 | XXX | XXX | XXX | .0 | .0 |
| 6. 2009 | XXX | XXX | XXX | XXX | 0 |

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2005 | 2 2006 | 3 2007 | 4 2008 | 5 2009 |
| 1. 2005 | 173,199 | 169,823 | 171,003 | XXX | XXX |
| 2. 2006 | XXX | 191,351 | 191,004 | 168,448 | XXX |
| 3. 2007 | XXX | XXX | 187,851 | 186,933 | 187,119 |
| 4. 2008 | XXX | XXX | XXX | 178,235 | 191,114 |
| 5. 2009 | XXX | XXX | XXX | XXX | 190,302 |

Section B - Other Accident and Health

| | | | | | |
|---------|-----|-------|--------|--------|--------|
| 1. 2005 | 314 | 298 | 298 | XXX | XXX |
| 2. 2006 | XXX | 1,899 | 1,835 | 1,833 | XXX |
| 3. 2007 | XXX | XXX | 18,517 | 18,366 | 18,358 |
| 4. 2008 | XXX | XXX | XXX | 7,085 | 7,457 |
| 5. 2009 | XXX | XXX | XXX | XXX | 10,785 |

Section C - Credit Accident and Health

| | | | | | |
|---------|-----|-----|-----|-----|-----|
| 1. 2005 | .0 | .0 | .0 | XXX | XXX |
| 2. 2006 | XXX | .0 | .0 | .0 | XXX |
| 3. 2007 | XXX | XXX | .0 | .0 | .0 |
| 4. 2008 | XXX | XXX | XXX | .0 | .0 |
| 5. 2009 | XXX | XXX | XXX | XXX | .0 |

Section D-

| | | | | | |
|---------|-----|-----|-----|-----|-----|
| 1. 2005 | .0 | .0 | .0 | XXX | XXX |
| 2. 2006 | XXX | .0 | .0 | .0 | XXX |
| 3. 2007 | XXX | XXX | .0 | .0 | .0 |
| 4. 2008 | XXX | XXX | XXX | .0 | .0 |
| 5. 2009 | XXX | XXX | XXX | XXX | .0 |

Section E-

| | | | | | |
|---------|-----|-----|-----|-----|-----|
| 1. 2005 | .0 | .0 | .0 | XXX | XXX |
| 2. 2006 | XXX | .0 | .0 | .0 | XXX |
| 3. 2007 | XXX | XXX | .0 | .0 | .0 |
| 4. 2008 | XXX | XXX | XXX | .0 | .0 |
| 5. 2009 | XXX | XXX | XXX | XXX | .0 |

Section F-

| | | | | | |
|---------|-----|-----|-----|-----|-----|
| 1. 2005 | .0 | .0 | .0 | XXX | XXX |
| 2. 2006 | XXX | .0 | .0 | .0 | XXX |
| 3. 2007 | XXX | XXX | .0 | .0 | .0 |
| 4. 2008 | XXX | XXX | XXX | .0 | .0 |
| 5. 2009 | XXX | XXX | XXX | XXX | .0 |

Section G-

| | | | | | |
|---------|-----|-----|-----|-----|-----|
| 1. 2005 | .0 | .0 | .0 | XXX | XXX |
| 2. 2006 | XXX | .0 | .0 | .0 | XXX |
| 3. 2007 | XXX | XXX | .0 | .0 | .0 |
| 4. 2008 | XXX | XXX | XXX | .0 | .0 |
| 5. 2009 | XXX | XXX | XXX | XXX | .0 |

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at the End of Year | | | | |
|------------------------------------|---|-----------|-----------|-----------|-----------|
| | 1 2005 | 2 2006 | 3 2007 | 4 2008 | 5 2009 |
| 1. 2005 | 173,199 | 169,823 | 171,003 | .0 | .0 |
| 2. 2006 | XXX | 191,351 | 191,003 | 168,448 | 168,282 |
| 3. 2007 | XXX | XXX | 187,851 | 186,933 | 187,119 |
| 4. 2008 | XXX | XXX | XXX | 178,235 | 191,114 |
| 5. 2009 | XXX | XXX | XXX | XXX | 190,894 |

Section B – Other Accident and Health

| | | | | | |
|---------|-----|-------|--------|--------|--------|
| 1. 2005 | 314 | 298 | 298 | .0 | .0 |
| 2. 2006 | XXX | 1,899 | 1,835 | 1,833 | 1,833 |
| 3. 2007 | XXX | XXX | 18,517 | 18,366 | 18,358 |
| 4. 2008 | XXX | XXX | XXX | 7,085 | 7,457 |
| 5. 2009 | XXX | XXX | XXX | XXX | 10,872 |

Section C - Credit Accident and Health

| | | | | | |
|---------|-----|-----|-----|-----|----|
| 1. 2005 | .0 | .0 | .0 | .0 | .0 |
| 2. 2006 | XXX | .0 | .0 | .0 | .0 |
| 3. 2007 | XXX | XXX | .0 | .0 | .0 |
| 4. 2008 | XXX | XXX | XXX | .0 | .0 |
| 5. 2009 | XXX | XXX | XXX | XXX | 0 |

Section D-

| | | | | | |
|---------|-----|-----|-----|-----|----|
| 1. 2005 | .0 | .0 | .0 | .0 | .0 |
| 2. 2006 | XXX | .0 | .0 | .0 | .0 |
| 3. 2007 | XXX | XXX | .0 | .0 | .0 |
| 4. 2008 | XXX | XXX | XXX | .0 | .0 |
| 5. 2009 | XXX | XXX | XXX | XXX | 0 |

Section E-

| | | | | | |
|---------|-----|-----|-----|-----|----|
| 1. 2005 | .0 | .0 | .0 | .0 | .0 |
| 2. 2006 | XXX | .0 | .0 | .0 | .0 |
| 3. 2007 | XXX | XXX | .0 | .0 | .0 |
| 4. 2008 | XXX | XXX | XXX | .0 | 0 |
| 5. 2009 | XXX | XXX | XXX | XXX | 0 |

Section F-

| | | | | | |
|---------|-----|-----|-----|-----|----|
| 1. 2005 | .0 | .0 | .0 | .0 | .0 |
| 2. 2006 | XXX | .0 | .0 | .0 | .0 |
| 3. 2007 | XXX | XXX | .0 | .0 | .0 |
| 4. 2008 | XXX | XXX | XXX | .0 | .0 |
| 5. 2009 | XXX | XXX | XXX | XXX | 0 |

Section G-

| | | | | | |
|---------|-----|-----|-----|-----|----|
| 1. 2005 | .0 | .0 | .0 | .0 | .0 |
| 2. 2006 | XXX | .0 | .0 | .0 | .0 |
| 3. 2007 | XXX | XXX | .0 | .0 | .0 |
| 4. 2008 | XXX | XXX | XXX | .0 | .0 |
| 5. 2009 | XXX | XXX | XXX | XXX | 0 |

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)
Reserve and Liability Methodology - Exhibits 6 and 8

| Line of Business | 1 Methodology | 2 Amount |
|-------------------------------|------------------|-------------|
| 1. Industrial life | | |
| 2. Ordinary life | | |
| 3. Individual annuity | | |
| 4. Supplementary contracts | | |
| 5. Credit life | | |
| 6. Group life | | |
| 7. Group annuities | | |
| 8. Group accident and health | | 17,089 |
| 9. Credit accident and health | | |
| 10. Other accident and health | | 462 |
| 11. Total | | 17,551 |

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| Schedule D – Part 1A – Section 2 | SI08 |
| Schedule D – Part 2 – Section 1 | E11 |
| Schedule D – Part 2 – Section 2 | E12 |
| Schedule D – Part 3 | E13 |
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| Schedule DB – Part B – Section 3 | E20 |
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